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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Delta Dental Insurance Company
<b>TOI/Sub-TOI:</b>	H10G Group Health - Dental/H10G.000 Health - Dental		
<b>Product Name:</b>	DC, DDIC, AARP 2020 Response Brochure		
<b>Project Name/Number:</b>	DC, DDIC, AARP 2020 Response Brochure/DC, DDIC, AARP 2020 Response Brochure		

## Filing at a Glance

Company:	Delta Dental Insurance Company
Product Name:	DC, DDIC, AARP 2020 Response Brochure
State:	District of Columbia
TOI:	H10G Group Health - Dental
Sub-TOI:	H10G.000 Health - Dental
Filing Type:	Form
Date Submitted:	02/07/2020
SERFF Tr Num:	DDPA-132250814
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	DC, DDIC, AARP 2020 RESPONSE BROCHURE
Implementation	On Approval
Date Requested:	
Author(s):	Sharon Ford, Courtney Rozear
Reviewer(s):	Colin Johnson (primary), RaShaunda Benson
Disposition Date:	
Disposition Status:	
Implementation Date:	

**State:** District of Columbia **Filing Company:** Delta Dental Insurance Company  
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## General Information

Project Name: DC, DDIC, AARP 2020 Response Brochure Status of Filing in Domicile: Not Filed  
Project Number: DC, DDIC, AARP 2020 Response Brochure Date Approved in Domicile:  
Requested Filing Mode: Review & Approval Domicile Status Comments:  
Explanation for Combination/Other: Market Type: Group  
Submission Type: New Submission Group Market Size: Large  
Group Market Type: Association Overall Rate Impact:  
Filing Status Changed: 02/07/2020  
State Status Changed: Deemer Date:  
Created By: Sharon Ford Submitted By: Sharon Ford  
Corresponding Filing Tracking Number:

### Filing Description:

Delta Dental Insurance Company is submitting a new group dental insurance advertising form for approval for the AARP Dental Insurance Plan. The new form is the AARP 2020 Response Brochure, 241-DC-2001-001. This advertisement is mailed to individuals who have contacted us for more information regarding the AARP Dental Insurance Plan.

This form is very similar to a recently approved version of form: 41-D-1907-001, DDPA-132086393, approved 11/4/19. The new new version of the form included in this filing was developed to include the recently approved DeltaCare USA plan in the District of Columbia (approved on 11/18/19; DDPA-132052075).

Attached under the Supporting Documentation tab for your information is the Variable Exhibit of the submitted form. Text in [brackets] is variable. All numerical data is considered variable unless required by state law. Bracketed wording will either be used or omitted. The comments explain what is variable and the various options that could be used. Any change or modification to a variable item outside of the language approved by your Department will be submitted for prior approval.

Our effective date of use of this advertisement will be the date this filing is approved by your Department.

Thank you for your assistance with this filing. If you have any questions, please contact me at 770-641-5370 or sford@ddic.delta.org.

## Company and Contact

### Filing Contact Information

Sharon Ford, Senior Regulatory Analyst sford@delta.org  
1130 Sanctuary Parkway, Ste. 600 770-641-5370 [Phone]  
Alpharetta, GA 30009 770-641-5193 [FAX]

### Filing Company Information

Delta Dental Insurance Company	CoCode: 81396	State of Domicile: Delaware
1130 Sanctuary Parkway	Group Code: 2479	Company Type: LAH
Suite 600	Group Name:	State ID Number:
Alpharetta, GA 30009	FEIN Number: 94-2761537	
(770) 641-5217 ext. [Phone]		

## Filing Fees

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Delta Dental Insurance Company
<b>TOI/Sub-TOI:</b>	H10G Group Health - Dental/H10G.000 Health - Dental		
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Fee Required? No

Retaliatory? No

Fee Explanation:

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Delta Dental Insurance Company
<b>TOI/Sub-TOI:</b>	H10G Group Health - Dental/H10G.000 Health - Dental		
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<b>Project Name/Number:</b>	DC, DDIC, AARP 2020 Response Brochure/DC, DDIC, AARP 2020 Response Brochure		

## Form Schedule

Lead Form Number: 241-DC-2001-001								
Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		2020 AARP Response Brochure	241-DC-2001-001	ADV	Initial			241-DC-2001-001 - Combo Response Brochure - Clean.pdf

### Form Type Legend:

<b>ADV</b>	Advertising	<b>AEF</b>	Application/Enrollment Form
<b>CER</b>	Certificate	<b>CERA</b>	Certificate Amendment, Insert Page, Endorsement or Rider
<b>DDP</b>	Data/Declaration Pages	<b>FND</b>	Funding Agreement (Annuity, Individual and Group)
<b>MTX</b>	Matrix	<b>NAP</b>	Network Access Plan
<b>NOC</b>	Notice of Coverage	<b>OTH</b>	Other
<b>OUT</b>	Outline of Coverage	<b>PJK</b>	Policy Jacket
<b>POL</b>	Policy/Contract/Fraternal Certificate	<b>POLA</b>	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
<b>PRC</b>	Provider Contract/Provider Addendum/Provider Leading Agreement	<b>PRD</b>	Provider Directory



# YOUR INFO & GUIDE

Here's the enrollment kit you requested

PREPARED  
ESPECIALLY  
FOR AARP MEMBER

First Name Last Name



Dental Insurance Plan

administered by



Delta Dental Insurance Company

The Delta Dental PPO™ plan and the DeltaCare®  
USA plan are underwritten and administered by  
Delta Dental Insurance Company.

MONTH DAY, YEAR




Your AARP Member #: XXXXXXXXXX

Dear First Name,

Here is the personalized enrollment kit you requested. The AARP® Dental Insurance Plan, administered by Delta Dental Insurance Company, offers the best possible combination of benefits to fit the needs of you and your family. This enrollment kit provides all the information you need to keep your smile and your budget healthy.

It's not just your oral health that will benefit from a dental plan. Regular dental checkups may provide clues to your overall well-being. Many medical conditions, including heart disease, diabetes, and osteoporosis, may be linked to oral health.<sup>1</sup>

Delta Dental has created affordable dental plans, endorsed by AARP and designed for members like you, that help you maintain your oral health.

-  The DeltaCare USA prepaid option is similar to a dental HMO. You'll select a primary care dentist from the DeltaCare USA network when you enroll.
-  The PPO plan options offer a wider range of coverage and the freedom to visit any licensed dentist.
-  For a more detailed comparison of the plan options, please see the chart on page 4.

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<sup>1</sup> "Oral Health: The Oral-Systemic Health Connection," Home Health Care Management & Practice, 2017.

The Delta Dental PPO plan (Contract 1230) and the DeltaCare USA plan (Contract 76777) are underwritten and administered by **Delta Dental Insurance Company**.

AARP endorses the AARP Dental Insurance Plan, administered by Delta Dental Insurance Company. Delta Dental Insurance Company pays royalty fees to AARP for use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. Delta Dental is a registered mark of Delta Dental Plans Association.

Once you've chosen the best option for you and your family, there are three easy ways to enroll:

- ✓ Visit Delta Dental online for faster enrollment at [aarpdental.com/enroll](http://aarpdental.com/enroll)
- ✓ Complete and send an enrollment form to Delta Dental
- ✓ Call Delta Dental toll-free at 1-866-290-2939 (TTY 1-800-735-2929)

Keep smiling,



Michael G. Hankinson, Esq.  
President  
Delta Dental Insurance Company

P.S. Your satisfaction is our first priority. If you aren't completely satisfied and no benefits have been used, simply cancel within 30 days after your effective date to receive a full refund.



# Plan Comparison Chart

The chart below provides a quick overview of the key differences between the dental plan options available to you as an AARP Member. For more information on DeltaCare USA, the prepaid plan option, please see page 6. For more information on the two PPO plan options, please see page 12.

Plan Features	DeltaCare USA Plan	Delta Dental PPO Plan	
Coverage	Immediate affordable coverage for procedures	Widest range of coverage	
Waiting Period	None	12 months for major services	
Dental Network	Select a primary care dentist from the DeltaCare USA network (See page 11 for details)	Choose any licensed dentist in the USA (See page 16 for details)	
Plan Details	DeltaCare USA Plan	PPO Plan A	PPO Plan B
Calendar Year Deductible	None	\$40	\$90
Calendar Year Maximum Benefit	None	\$1,500	\$1,000
Monthly Premium	DeltaCare USA Plan	PPO Plan A	PPO Plan B
Individual Only	Rate	Rate	Rate
Individual plus One	Rate	Rate	Rate
Family (three or more)	Rate	Rate	Rate



Sample Procedures <sup>1</sup>	Member Pays <sup>2, 3, 4</sup>		
	DeltaCare USA Plan	PPO Plan A	PPO Plan B
Exams and x-rays (D0150, D0120 and D0270, D0274)	\$0	No charge	20%
Cleanings (D1110, D1120)	\$5 (2x/year)	No charge (3x/year)	20% (3x/year)
Gum cleanings (D4910)	\$45	20%	50%
Denture repair: broken clasp (D5630)	\$55	20%	50%
Tooth-colored filling (one surface) (D2391)	\$65	20%	20%
Simple extraction (D7140)	\$14	50%	50%
Periodontal scaling and root planing (D4341)	\$60	50%	50%
Root canal: molar (D3330)	\$365	50%	50%
Complete dentures (D5110)	\$365	50%	50%
Crown (D2750)	\$395	50%	50%
Dental implant services (D6000–D6199)	Not covered	50%	50%
Temporomandibular Joint Dysfunction (TMJD)	Not covered	50%	50%
Orthodontics (D8090)	\$2,100	Not covered	Not covered

<sup>1</sup> Procedure codes correspond to the DeltaCare USA plan procedures only.

<sup>2</sup> For complete details on the DeltaCare USA plan benefits, coverages, limitations, and exclusions, please turn to page 19.

<sup>3</sup> For complete details on the PPO plan benefits, coverages, limitations, and exclusions, please turn to page 32.

<sup>4</sup> For the PPO plan, percentage member pays is calculated based on the Delta Dental PPO Maximum Allowance that Delta Dental PPO dentists accept as full payment for covered services. Actual percentage may vary if dentist is not a Delta Dental PPO dentist. See page 16 for details.

# DeltaCare USA Plan

Keep your smile healthy with the newest plan with affordable rates, no waiting periods, no deductible, and no maximum benefit.

## DeltaCare USA Prepaid Plan Benefits

Here are a few of the benefits you'll enjoy when you enroll in the DeltaCare USA plan and visit a DeltaCare USA network dentist:



### Predictable costs

You pay predictable, set copayments for covered procedures, so it's easy for you to know your share of costs up front.



### Reduced out-of-pocket costs

You can get the dental services you need with no deductible and no annual benefit limit, which lowers your out-of-pocket costs.



### No waiting periods

Once you are enrolled, all covered benefits are available immediately, so you can get the coverage you need right away.

Continue reading for more information about the DeltaCare USA plan as well as instructions on how to enroll. Please consult the enrollment form, or the bottom of page 4, for your premium rate.

For information about the two PPO plan options, please turn to page 12.

## DeltaCare USA Prepaid Plan Benefit Summary

Plan Features	Advantages
<b>No Deductible or Maximum</b>	Enjoy cost savings with no annual deductible, plus receive the services you need with no annual benefit limit.
<b>Fixed Copayments</b>	Covered procedures and services provided by contract dentists have predetermined copayments, so out-of-pocket costs are predictable.
<b>No Waiting Period</b>	Once enrolled, you can receive covered services right away, including dentures and crowns.
<b>Broad Coverage</b>	DeltaCare USA covers 250+ procedures, plus up to 24 months of active orthodontic treatment for both adults and children.
<b>Select Dentist Network</b>	Select a DeltaCare USA dentist from a list of contract dental facilities to take care of your general oral health needs and coordinate any specialty care treatment for you.

The chart on the next page illustrates the cost of sample procedures covered under the DeltaCare USA plan. If you have further questions about the plan, please visit Delta Dental at [aarpdental.com/enroll](http://aarpdental.com/enroll) or call Delta Dental at 1-866-290-2939 (TTY: 1-800-735-2929).

A representative will be happy to help you.

## DeltaCare USA Prepaid Plan Coverage Chart





Sample Procedures (see Schedule A for complete list)*	You Pay
<b>Exam and x-rays</b> (D0150, D0120 and D0270, D0274)	No Cost
<b>Comprehensive oral evaluation</b> (D0150)	No Cost
<b>Nutritional counseling for control of dental disease</b> (D1310)	No Cost
<b>Office visit</b> (D0999)	\$5
<b>Cleaning (once every 6 months)</b> (D1110, D1120)	\$5
<b>Simple extraction</b> (D7140)	\$14
<b>Palliative (emergency) treatment of dental pain</b> (D9110)	\$20
<b>Gum cleaning</b> (D4910)	\$45
<b>Denture repair or replace broken clasp</b> (D5630)	\$55
<b>Periodontal scaling and root planing</b> (D4341)	\$60
<b>Tooth-colored filling (one surface)</b> (D2391)	\$65
<b>Root canal: molar</b> (D3330)	\$365
<b>Complete dentures</b> (D5110)	\$365
<b>Crown</b> (D2750)	\$395
<b>Adult orthodontics</b> (D8090)	\$2,100

\*The DeltaCare USA plan Schedules A and B (starting on page 19 of this brochure) should be consulted for a detailed description of the plan benefits, limitations, and exclusions.

## DeltaCare USA Dentists

With the DeltaCare USA plan, you select a primary care dentist from the DeltaCare USA network when you enroll. The network consists of contracted dentists who have been carefully screened to ensure they are fully accessible to you. You'll need to visit the DeltaCare USA dentist you selected when you enrolled in order to receive benefits.

When you visit your dentist, you pay only the applicable dollar copayment for the covered treatment. If you require specialty care or treatment, your primary care dentist will coordinate with an approved specialist to meet your needs for:

-  Oral surgery
-  Endodontics
-  Periodontics
-  Orthodontics

If there isn't a contract specialist in your area, you'll be provided with a referral to an out-of-network specialist at no extra charge (you simply pay the applicable copayment).



See the next page for a list of DeltaCare USA dentists in your area. For a complete list of DeltaCare USA dentists, visit Delta Dental at [deltadentalins.com/aarp](https://deltadentalins.com/aarp) or call 1-866-290-2939.

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DeltaCare USA Dentists

Find your DeltaCare USA dentist today!

Here are the DeltaCare USA dentist facilities nearest you:

Dentist Name	Dentist Name
Address	Address
City State Zip	City State Zip
Phone	Phone
Distance	Distance
Facility Number	Facility Number
Languages: ENG SP CH	Languages: ENG SP CH

Dentist Name	Dentist Name
Address	Address
City State Zip	City State Zip
Phone	Phone
Distance	Distance
Facility Number	Facility Number
Languages: ENG SP CH	Languages: ENG SP CH

Dentist Name	Dentist Name
Address	Address
City State Zip	City State Zip
Phone	Phone
Distance	Distance
Facility Number	Facility Number
Languages: ENG SP CH	Languages: ENG SP CH

Language Key: ENG=English; SP=Spanish; CH=Chinese

# PPO Plan Options

Enjoy wide-ranging coverage and the freedom to visit any licensed dentist in the country.



## PPO Plan Benefits

Here are a few of the benefits you'll enjoy when you enroll in PPO Plan A or PPO Plan B:



### **Wider range of coverage**

Both PPO plan options provide coverage for the most common dental procedures, including dental implants and three cleanings and exams per Calendar Year.<sup>1</sup>



### **Freedom to choose any licensed dentist**

Enjoy convenient access to network dentists with both PPO Plan A or PPO Plan B. You can see any licensed dentist, including your own, but you can save more when you visit a Delta Dental PPO network dentist.



### **More savings as you go**

Once you have been an enrollee for 12 continuous months, additional services such as crowns, bridges, and dentures become available so that you can save even more.

Continue reading for more information about the two PPO plan options, as well as instructions on how to enroll.





<sup>1</sup> See enclosed PPO plan Limitations and Exclusions on page 32. Annual deductibles, coinsurance, and maximums may apply.

## PPO Plan Coverage Chart

PPO Plan Coverage Chart	PPO Plan A		PPO Plan B	
	Delta Dental Pays*	Member Pays	Delta Dental Pays*	Member Pays
Benefits in Year 1				
Diagnostic and preventive (includes exams, x-rays, and cleanings)  NOTE: In Plan A, no deductible is required for diagnostic or preventive services. In Plan B, Calendar Year deductible applies.	100%	0%	80%	20%
Periodontal maintenance cleanings (gum cleanings)	80%	20%	50%	50%
Denture repairs	80%	20%	50%	50%
Basic Restorations (including tooth-colored fillings)	80%	20%	80%	20%
Oral surgery	50%	50%	50%	50%
Endodontics (root canals)	50%	50%	50%	50%
Additional Benefits Available after 1 Year of Continuous Enrollment				
Periodontics (gum disease treatment)	50%	50%	50%	50%
Crown and cast restorations	50%	50%	50%	50%
Dental implant services	50%	50%	50%	50%
Prosthodontics (dentures)	50%	50%	50%	50%
Additional Benefits Available with Annual Payment				
Dental accident (\$1,000 lifetime maximum)	100%	0%	Not a benefit in Plan B	
Deductibles and Maximums per Enrollee				
Calendar Year deductible	\$40		\$90	
Calendar Year maximum benefit	\$1,500		\$1,000	

**Bold** items indicate the differences between Plan A and Plan B.

The Delta Dental PPO plan offers two options: Plan A and Plan B. Both plans provide access to large dentist networks, with the freedom to visit any licensed dentist. Most benefits are identical under the two options, including:

-  Three cleanings and exams per Calendar Year, including gum maintenance cleanings<sup>1, 2</sup>
-  Dental implants after one year of continuous coverage<sup>2</sup>
-  Immediate coverage for cleanings, exams, x-rays, and fillings with additional coverage after a 12-month waiting period
-  Fixed rate for first two years of continuous enrollment

The primary differences between the two options are listed below:



PPO Plan A provides benefits for most dental procedures at a moderate premium.



PPO Plan B offers lower premiums than Plan A, with slightly lower coverage levels for some services.

The deductible and Calendar Year maximum vary by plan. For more details, please see the chart on the previous page. Specific differences are noted in **bold**.

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<sup>1</sup> Annual deductibles, coinsurance, and maximums may apply.

<sup>2</sup> See enclosed PPO plan Limitations and Exclusions.

\*Delta Dental's payment under this plan is limited to the applicable percentage of the lesser of either a) your dentist's actual charges; or b) the Delta Dental PPO Maximum Plan Allowance (the highest amount that Delta Dental will pay to a Delta Dental PPO dentist where you received the services). You will be required to pay the coinsurance, deductible, charges where the maximum benefit has been exceeded, and/or charges for non-covered services. When receiving treatment from a Delta Dental Premier® (Premier) dentist, you may be required to pay any cost above the Delta Dental PPO Maximum Plan Allowance, up to your dentist's Premier Maximum Plan Allowance.



**When receiving treatment from a non-Delta Dental dentist, there is no limit regarding their fees.**

PPO Plan Dentists

The network in which your dentist participates may impact your out-of-pocket expenses, so it’s important for you to understand the different types of dentist networks. There are three types of networks, each with a different level of cost savings.



**To maximize your savings** when selecting a dentist, be sure to ask whether he or she is a Delta Dental PPO (PPO) dentist or a Delta Dental Premier (Premier) dentist. While there are more Premier dentists from which to choose, savings tend to be greater when you visit a PPO dentist. For a list of dentists in your area, visit Delta Dental at [deltadentalins.com/find-a-dentist](https://deltadentalins.com/find-a-dentist)

Dentist Type	PPO Network Dentists	Premier Dentists	Non-Delta Dental Dentists
How Much You Save			?
Fees	They provide covered procedures at reduced, pre-negotiated rates	They provide lower fees than non-Delta Dental dentists, but not necessarily as low as PPO dentists	They do not accept pre-negotiated fees and may charge their full price
Claims	They handle all claims and bill Delta Dental directly	They handle all claims and bill Delta Dental directly	You may have to pay up front and submit a claim to Delta Dental for reimbursement

Once you've decided which of these plan options is right for you, there are three easy ways to enroll:



Visit Delta Dental at **[aarpdental.com/enroll](https://aarpdental.com/enroll)** to enroll online.

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Complete and send an enrollment form to Delta Dental.

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Call Delta Dental toll-free at **1-866-290-2939**  
(TTY: 1-800-735-2929).

# Enroll today and keep smiling!

Now that you have all the information you need to choose a plan, it's time to enroll in the AARP Dental Insurance Plan.

Start protecting your smile in three easy steps:

- 1 Review your enrollment kit to find the best option for you and your family.
- 2 Review your dentist options.
- 3 Complete an enrollment form.

# DeltaCare USA

## Schedule A

### Description of Benefits and Copayments

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

**Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DeltaCare USA program and is not to be interpreted as Current Dental Terminology (“CDT”), CDT-2019 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association (“ADA”). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.**

CODE	DESCRIPTION	ENROLLEE PAYS
<b>D0100-D0999 I. DIAGNOSTIC</b>		
D0120	Periodic oral evaluation - established patient .....	No Cost
D0140	Limited oral evaluation - problem focused.....	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver .....	No Cost
D0150	Comprehensive oral evaluation - new or established patient .....	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report.....	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit) .....	No Cost
D0171	Re-evaluation - post-operative office visit.....	\$5.00
D0180	Comprehensive periodontal evaluation - new or established patient.....	No Cost
D0190	Screening of a patient .....	No Cost
D0191	Assessment of a patient .....	No Cost
D0210	Intraoral - complete series of radiographic images - <i>limited to 1 series every 24 months</i> .....	No Cost
D0220	Intraoral - periapical first radiographic image .....	No Cost
D0230	Intraoral - periapical each additional radiographic image .....	No Cost
D0240	Intraoral - occlusal radiographic image .....	No Cost
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector .....	No Cost
D0251	Extraoral posterior dental radiographic image .....	No Cost
D0270	Bitewing - single radiographic image .....	No Cost
D0272	Bitewings - two radiographic images .....	No Cost
D0273	Bitewings three radiographic images .....	No Cost
D0274	Bitewings - four radiographic images - <i>limited to 1 series every 6 months</i> ....	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images.....	No Cost
D0330	Panoramic radiographic image .....	No Cost

D0415	Collection of microorganisms for culture and sensitivity.....	No Cost
D0425	Caries susceptibility tests .....	No Cost
D0460	Pulp vitality tests.....	No Cost
D0470	Diagnostic casts .....	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report .....	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report .....	No Cost
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report .....	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk - <i>1 every 3 years</i> .....	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - <i>1 every 3 years</i> .....	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - <i>1 every 3 years</i> .....	No Cost
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i> .....	\$5.00

## **D1000-D1999 II. PREVENTIVE**

D1110	Prophylaxis <i>cleaning</i> - adult - <i>1 D1110, D1120 or D4346 per 6 month period</i> ..	\$5.00
D1110	<i>Additional prophylaxis cleaning</i> - adult (within the 6 month period) .....	\$45.00
D1120	Prophylaxis <i>cleaning</i> - child - <i>1 D1110, D1120 or D4346 per 6 month period</i> ..	\$5.00
D1120	<i>Additional prophylaxis cleaning</i> - child (within the 6 month period) .....	\$35.00
D1206	Topical application of fluoride varnish - <i>child to age 19; 1 D1206 or D1208 per 6 month period</i> .....	No Cost
D1208	Topical application of fluoride - excluding varnish - <i>child to age 19; 1 D1206 or D1208 per 6 month period</i> .....	No Cost
D1310	Nutritional counseling for control of dental disease .....	No Cost
D1330	Oral hygiene instructions .....	No Cost
D1351	Sealant - per tooth - <i>limited to permanent molars through age 15</i> .....	\$15.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to permanent molars through age 15</i> .....	\$15.00
D1353	Sealant repair - per tooth - <i>limited to permanent molars through age 15</i> .....	\$15.00
D1354	Interim caries arresting medicament application - per tooth - <i>child to age 19; 1 per 6 month period</i> .....	No Cost
D1510	Space maintainer - fixed - unilateral .....	\$70.00
D1516	Space maintainer - fixed - bilateral, maxillary .....	\$70.00
D1517	Space maintainer - fixed - bilateral, mandibular .....	\$70.00
D1520	Space maintainer - removable - unilateral .....	\$80.00
D1526	Space maintainer - removable - bilateral, maxillary .....	\$80.00
D1527	Space maintainer - removable - bilateral, mandibular .....	\$80.00
D1550	Re-cement or re-bond space maintainer .....	\$15.00
D1555	Removal of fixed space maintainer .....	\$15.00
D1575	Distal shoe space maintainer - fixed - unilateral - <i>child to age 9</i> .....	\$70.00



**D2000-D2999 III. RESTORATIVE**

- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.
- When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6th unit.
- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.

D2140	Amalgam - one surface, primary or permanent.....	\$8.00
D2150	Amalgam - two surfaces, primary or permanent.....	\$12.00
D2160	Amalgam - three surfaces, primary or permanent.....	\$18.00
D2161	Amalgam - four or more surfaces, primary or permanent.....	\$22.00
D2330	Resin-based composite - one surface, anterior.....	\$22.00
D2331	Resin-based composite - two surfaces, anterior.....	\$26.00
D2332	Resin-based composite - three surfaces, anterior.....	\$30.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior).....	\$55.00
D2390	Resin-based composite crown, anterior.....	\$65.00
D2391	Resin-based composite - one surface, posterior.....	\$65.00
D2392	Resin-based composite - two surfaces, posterior.....	\$75.00
D2393	Resin-based composite - three surfaces, posterior.....	\$85.00
D2394	Resin-based composite - four or more surfaces, posterior.....	\$95.00
D2510	Inlay - metallic - one surface.....	\$185.00
D2520	Inlay - metallic - two surfaces.....	\$195.00
D2530	Inlay - metallic - three or more surfaces.....	\$205.00
D2542	Onlay - metallic - two surfaces.....	\$200.00
D2543	Onlay - metallic - three surfaces.....	\$210.00
D2544	Onlay - metallic - four or more surfaces.....	\$230.00
D2610	Inlay - porcelain/ceramic - one surface.....	\$310.00
D2620	Inlay - porcelain/ceramic - two surfaces.....	\$345.00
D2630	Inlay - porcelain/ceramic - three or more surfaces.....	\$365.00
D2642	Onlay - porcelain/ceramic - two surfaces.....	\$340.00
D2643	Onlay - porcelain/ceramic - three surfaces.....	\$375.00
D2644	Onlay - porcelain/ceramic - four or more surfaces.....	\$395.00
D2650	Inlay - resin-based composite - one surface.....	\$210.00
D2651	Inlay - resin-based composite - two surfaces.....	\$235.00
D2652	Inlay - resin-based composite - three or more surfaces.....	\$270.00
D2662	Onlay - resin-based composite - two surfaces.....	\$265.00
D2663	Onlay - resin-based composite - three surfaces.....	\$290.00
D2664	Onlay - resin-based composite - four or more surfaces.....	\$335.00
D2710	Crown - resin-based composite (indirect).....	\$185.00
D2712	Crown - ¾ resin-based composite (indirect).....	\$185.00
D2720	Crown - resin with high noble metal.....	\$335.00
D2721	Crown - resin with predominantly base metal.....	\$235.00
D2722	Crown - resin with noble metal.....	\$275.00
D2740	Crown - porcelain/ceramic.....	\$395.00
D2750	Crown - porcelain fused to high noble metal.....	\$395.00

D2751	Crown - porcelain fused to predominantly base metal.....	\$295.00
D2752	Crown - porcelain fused to noble metal .....	\$335.00
D2780	Crown - ¾ cast high noble metal.....	\$395.00
D2781	Crown - ¾ cast predominantly base metal .....	\$295.00
D2782	Crown - ¾ cast noble metal.....	\$335.00
D2783	Crown - ¾ porcelain/ceramic.....	\$395.00
D2790	Crown - full cast high noble metal .....	\$395.00
D2791	Crown - full cast predominantly base metal .....	\$295.00
D2792	Crown - full cast noble metal.....	\$335.00
D2794	Crown - titanium.....	\$395.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration .....	\$20.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core.....	\$20.00
D2920	Re-cement or re-bond crown .....	\$20.00
D2921	Reattachment of tooth fragment, incisal edge or cusp ( <i>anterior</i> ).....	\$55.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth - <i>anterior</i> .....	\$75.00
D2930	Prefabricated stainless steel crown - primary tooth.....	\$75.00
D2931	Prefabricated stainless steel crown - permanent tooth .....	\$75.00
D2932	Prefabricated resin crown - <i>anterior primary tooth</i> .....	\$85.00
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i> .....	\$75.00
D2940	Protective restoration.....	\$20.00
D2941	Interim therapeutic restoration - primary dentition .....	\$20.00
D2949	Restorative foundation for an indirect restoration .....	\$80.00
D2950	Core buildup, including any pins when required.....	\$80.00
D2951	Pin retention - per tooth, in addition to restoration .....	\$15.00
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i> .....	\$110.00
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i> .....	\$80.00
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i> .....	\$95.00
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i> .....	\$70.00
D2971	Additional procedures to construct new crown under existing partial denture framework.....	\$60.00
D2980	Crown repair necessitated by restorative material failure.....	\$30.00
D2981	Inlay repair necessitated by restorative material failure .....	\$30.00
D2982	Onlay repair necessitated by restorative material failure.....	\$30.00
D2983	Veneer repair necessitated by restorative material failure.....	\$30.00
D2990	Resin infiltration of incipient smooth surface lesions - <i>limited to permanent molars through age 15</i> .....	\$15.00

### D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration).....	\$5.00
D3120	Pulp cap - indirect (excluding final restoration) .....	\$5.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.....	\$45.00

D3221	Pulpal debridement, primary and permanent teeth .....	\$50.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development.....	\$45.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration).....	\$60.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) .....	\$60.00
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration) .	\$125.00
D3320	<i>Root canal</i> - endodontic therapy, premolar tooth (excluding final restoration)	\$215.00
D3330	<i>Root canal</i> - endodontic therapy, molar tooth (excluding final restoration) ....	\$365.00
D3331	Treatment of root canal obstruction; non-surgical access .....	\$80.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth...	\$80.00
D3333	Internal root repair of perforation defects.....	\$80.00
D3346	Retreatment of previous root canal therapy - anterior.....	\$155.00
D3347	Retreatment of previous root canal therapy - premolar.....	\$245.00
D3348	Retreatment of previous root canal therapy - molar .....	\$395.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) .....	\$80.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/ calcific repair of perforations, root resorption, pulp space disinfection, etc.) ...	\$55.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) .....	\$55.00
D3410	Apicoectomy - anterior .....	\$155.00
D3421	Apicoectomy - premolar (first root).....	\$165.00
D3425	Apicoectomy - molar (first root) .....	\$175.00
D3426	Apicoectomy (each additional root) .....	\$100.00
D3427	Periradicular surgery without apicoectomy .....	\$155.00
D3430	Retrograde filling - per root .....	\$75.00
D3450	Root amputation - per root.....	\$85.00
D3920	Hemisection (including any root removal), not including root canal therapy ....	\$75.00

## **D4000-D4999 V. PERIODONTICS**

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant.....	\$160.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant.....	\$95.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth .....	\$95.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	\$160.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	\$95.00
D4245	Apically positioned flap .....	\$175.00
D4249	Clinical crown lengthening - hard tissue .....	\$150.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant .....	\$385.00

D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant.....	\$308.00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant .....	\$235.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant.....	\$85.00
D4270	Pedicle soft tissue graft procedure .....	\$235.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) .....	\$90.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft .....	\$235.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site .....	\$235.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> .....	\$60.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> .....	\$50.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - 1 D1110, D1120 or D4346 per 6 month period .....	\$5.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - <i>limited to 1 treatment in any 12 consecutive months</i> ..	\$60.00
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i> .....	\$45.00
D4910	<i>Additional periodontal maintenance (within the 6 month period)</i> .....	\$55.00
D4921	Gingival irrigation - per quadrant .....	No Cost

## **D5000-D5899 VI. PROSTHODONTICS (removable)**

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.

- Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.

- Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.

D5110	Complete denture - maxillary.....	\$365.00
D5120	Complete denture - mandibular .....	\$365.00
D5130	Immediate denture - maxillary .....	\$385.00
D5140	Immediate denture - mandibular .....	\$385.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) .....	\$325.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) .....	\$325.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) .....	\$395.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).....	\$395.00

D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) .....	\$325.00
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth) .....	\$325.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) .....	\$395.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) .....	\$395.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth) .....	\$445.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth) .....	\$445.00
D5410	Adjust complete denture - maxillary .....	\$18.00
D5411	Adjust complete denture - mandibular .....	\$18.00
D5421	Adjust partial denture - maxillary .....	\$18.00
D5422	Adjust partial denture - mandibular .....	\$18.00
D5511	Repair broken complete denture base, mandibular .....	\$55.00
D5512	Repair broken complete denture base, maxillary .....	\$55.00
D5520	Replace missing or broken teeth - complete denture (each tooth) .....	\$35.00
D5611	Repair resin partial denture base, mandibular .....	\$55.00
D5612	Repair resin partial denture base, maxillary .....	\$55.00
D5621	Repair cast partial framework, mandibular .....	\$55.00
D5622	Repair cast partial framework, maxillary .....	\$55.00
D5630	Repair or replace broken retentive/clasping materials - per tooth .....	\$55.00
D5640	Replace broken teeth - per tooth .....	\$45.00
D5650	Add tooth to existing partial denture .....	\$45.00
D5660	Add clasp to existing partial denture - per tooth .....	\$55.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary) .....	\$180.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular) .....	\$180.00
D5710	Rebase complete maxillary denture .....	\$105.00
D5711	Rebase complete mandibular denture .....	\$105.00
D5720	Rebase maxillary partial denture .....	\$105.00
D5721	Rebase mandibular partial denture .....	\$105.00
D5730	Reline complete maxillary denture (chairside) .....	\$60.00
D5731	Reline complete mandibular denture (chairside) .....	\$60.00
D5740	Reline maxillary partial denture (chairside) .....	\$60.00
D5741	Reline mandibular partial denture (chairside) .....	\$60.00
D5750	Reline complete maxillary denture (laboratory) .....	\$95.00
D5751	Reline complete mandibular denture (laboratory) .....	\$95.00
D5760	Reline maxillary partial denture (laboratory) .....	\$95.00
D5761	Reline mandibular partial denture (laboratory) .....	\$95.00
D5820	Interim partial denture (maxillary) - <i>limited to 1 in any 12 consecutive months</i> .....	\$125.00
D5821	Interim partial denture (mandibular) - <i>limited to 1 in any 12 consecutive months</i> .....	\$125.00
D5850	Tissue conditioning, maxillary .....	\$30.00
D5851	Tissue conditioning, mandibular .....	\$30.00

**D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered****D6000-D6199 VIII. IMPLANT SERVICES - Not Covered****D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])**

- When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional \$100.00 per unit, beyond the 6th unit.
- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.

D6210	Pontic - cast high noble metal .....	\$395.00
D6211	Pontic - cast predominantly base metal .....	\$295.00
D6212	Pontic - cast noble metal .....	\$335.00
D6240	Pontic - porcelain fused to high noble metal .....	\$395.00
D6241	Pontic - porcelain fused to predominantly base metal .....	\$295.00
D6242	Pontic - porcelain fused to noble metal .....	\$335.00
D6245	Pontic - porcelain/ceramic .....	\$395.00
D6250	Pontic - resin with high noble metal .....	\$335.00
D6251	Pontic - resin with predominantly base metal .....	\$235.00
D6252	Pontic - resin with noble metal .....	\$275.00
D6600	Retainer inlay - porcelain/ceramic, two surfaces .....	\$345.00
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces .....	\$365.00
D6602	Retainer inlay - cast high noble metal, two surfaces .....	\$295.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces .....	\$305.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces .....	\$195.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces .....	\$205.00
D6606	Retainer inlay - cast noble metal, two surfaces .....	\$225.00
D6607	Retainer inlay - cast noble metal, three or more surfaces .....	\$235.00
D6608	Retainer onlay - porcelain/ceramic, two surfaces .....	\$340.00
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces .....	\$375.00
D6610	Retainer onlay - cast high noble metal, two surfaces .....	\$300.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces .....	\$310.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces .....	\$200.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces .....	\$210.00
D6614	Retainer onlay - cast noble metal, two surfaces .....	\$220.00
D6615	Retainer onlay - cast noble metal, three or more surfaces .....	\$240.00
D6720	Retainer crown - resin with high noble metal .....	\$335.00
D6721	Retainer crown - resin with predominantly base metal .....	\$235.00
D6722	Retainer crown - resin with noble metal .....	\$275.00
D6740	Retainer crown - porcelain/ceramic .....	\$395.00
D6750	Retainer crown - porcelain fused to high noble metal .....	\$395.00
D6751	Retainer crown - porcelain fused to predominantly base metal .....	\$295.00
D6752	Retainer crown - porcelain fused to noble metal .....	\$335.00
D6780	Retainer crown - $\frac{3}{4}$ cast high noble metal .....	\$395.00
D6781	Retainer crown - $\frac{3}{4}$ cast predominantly base metal .....	\$295.00
D6782	Retainer crown - $\frac{3}{4}$ cast noble metal .....	\$335.00

D6783	Retainer crown - ¾ porcelain/ceramic.....	\$395.00
D6790	Retainer crown - full cast high noble metal.....	\$395.00
D6791	Retainer crown - full cast predominantly base metal.....	\$295.00
D6792	Retainer crown - full cast noble metal.....	\$335.00
D6930	Re-cement or re-bond fixed partial denture.....	\$25.00
D6940	Stress breaker.....	\$50.00
D6980	Fixed partial denture repair necessitated by restorative material failure.....	\$70.00

## **D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY**

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

D7111	Extraction, coronal remnants - primary tooth.....	\$10.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).....	\$14.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.....	\$55.00
D7220	Removal of impacted tooth - soft tissue.....	\$70.00
D7230	Removal of impacted tooth - partially bony.....	\$95.00
D7240	Removal of impacted tooth - completely bony.....	\$120.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications.....	\$140.00
D7250	Removal of residual tooth roots (cutting procedure).....	\$45.00
D7251	Coronectomy - intentional partial tooth removal.....	\$140.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.....	\$130.00
D7280	Exposure of an unerupted tooth.....	\$120.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption.....	\$120.00
D7283	Placement of device to facilitate eruption of impacted tooth.....	No Cost
D7286	Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i> .....	\$40.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.....	\$100.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.....	\$100.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.....	\$120.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.....	\$120.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm.....	No Cost
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm.....	No Cost
D7471	Removal of lateral exostosis (maxilla or mandible).....	\$100.00
D7472	Removal of torus palatinus.....	\$100.00
D7473	Removal of torus mandibularis.....	\$100.00
D7510	Incision and drainage of abscess - intraoral soft tissue.....	\$25.00
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure.....	\$20.00

D7970	Excision of hyperplastic tissue - per arch .....	\$80.00
D7971	Excision of pericoronal gingiva.....	\$80.00

## D8000-D8999 XI. ORTHODONTICS

- *The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed \$125.00, may apply.*
- *The Retention Copayment includes adjustments and/or office visits up to 24 months.*

### **Pre and post orthodontic records include:**

*The benefit for pre-treatment records and diagnostic services includes: .....\$200.00*

D0210	Intraoral - complete series of radiographic images	
D0322	Tomographic survey	
D0330	Panoramic radiographic image	
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	
D0350	2D oral/facial photographic images obtained intraorally or extraorally	
D0351	3D photographic image	
D0470	Diagnostic casts	
	<i>The benefit for post-treatment records includes: .....\$70.00</i>	
D0210	Intraoral - complete series of radiographic images	
D0470	Diagnostic casts	
D8010	Limited orthodontic treatment of the primary dentition .....	\$1,150.00
D8020	Limited orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i> .....	\$1,150.00
D8030	Limited orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i> .....	\$1,150.00
D8040	Limited orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i> .....	\$1,350.00
D8050	Interceptive orthodontic treatment of the primary dentition .....	\$1,150.00
D8060	Interceptive orthodontic treatment of the transitional dentition .....	\$1,150.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i> .....	\$1,900.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i> .....	\$1,900.00
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i> .....	\$2,100.00
D8660	Pre-orthodontic treatment examination to monitor growth and development ..	\$25.00
D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers) .....	\$275.00
D8681	Removable orthodontic retainer adjustment.....	No Cost
D8999	Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i> .....	\$100.00

## D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure .....	\$20.00
D9211	Regional block anesthesia.....	No Cost
D9212	Trigeminal division block anesthesia .....	No Cost



D9215	Local anesthesia in conjunction with operative or surgical procedures .....	No Cost
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia .....	No Cost
D9222	Deep sedation/general anesthesia - first 15 minutes .....	\$80.00
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment ..	\$80.00
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes .....	\$80.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment .....	\$80.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician .....	\$25.00
D9311	Consultation with medical health care professional .....	No Cost
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed .....	\$5.00
D9440	Office visit - after regularly scheduled hours .....	\$35.00
D9450	Case presentation, detailed and extensive treatment planning.....	No Cost
D9932	Cleaning and inspection of removable complete denture, maxillary .....	No Cost
D9933	Cleaning and inspection of removable complete denture, mandibular.....	No Cost
D9934	Cleaning and inspection of removable partial denture, maxillary .....	No Cost
D9935	Cleaning and inspection of removable partial denture, mandibular .....	No Cost
D9943	Occlusal guard adjustment.....	\$10.00
D9944	Occlusal guard - hard appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i> .....	\$105.00
D9945	Occlusal guard - soft appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i> .....	\$105.00
D9946	Occlusal guard - hard appliance, partial arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i> .....	\$105.00
D9951	Occlusal adjustment, limited .....	\$55.00
D9952	Occlusal adjustment, complete .....	\$105.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - <i>limited to one bleaching tray and gel for two weeks of self-treatment</i> .....	\$125.00
D9986	Missed appointment - <i>without 24 hour notice - per 15 minutes of appointment time</i> .....	\$10.00
D9987	Canceled appointment - <i>without 24 hour notice - per 15 minutes of appointment time</i> .....	\$10.00
D9990	Certified translation or sign-language services - per visit.....	No Cost
D9991	Dental case management - addressing appointment compliance barriers....	No Cost
D9992	Dental case management - care coordination.....	No Cost
D9995	Teledentistry - synchronous; real-time encounter .....	No Cost
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review .....	No Cost

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide specialized services, and are referred by the assigned Contract Dentist, must be preauthorized by the Administrator. The Enrollee pays the Copayment specified for such services.

## DeltaCare USA

### Schedule B

#### Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$100.00 above the listed Copayment for each of these services after the sixth unit has been provided.
3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by Delta Dental, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
6. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Delta Dental is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

#### Exclusions of Benefits

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*.
2. Any procedure that in the professional opinion of the Contract Dentist:
  - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
  - b. is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or

developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.

4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for *Emergency Services* as described in the Contract and/or Evidence of Coverage.
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
12. Prescription drugs.
13. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
14. Lost, stolen or broken orthodontic appliances.
15. Changes in orthodontic treatment necessitated by accident of any kind.
16. Myofunctional and parafunctional appliances and/or therapies.
17. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

# PPO Plan A and B

## Limitations and Exclusions

### Excluded Benefits

The AARP Dental Insurance Plan covers a wide variety of dental care expenses, but there are some services for which we do not provide benefits. It is important for you to know what these services are before you visit your dentist.

The AARP Dental Insurance Plan does not provide benefits for:

1. Treatment of injuries or illness covered by workers' compensation or employers' liability laws; services received without cost from any federal, state, or local agency, unless the exclusion is prohibited by law.
2. Treatment or materials that are benefits to an Enrollee under Medicare unless this exclusion is prohibited by law.
3. Treatment or materials to correct congenital or developmental malformations (including treatment of enamel hypoplasia) except for newborn children eligible at birth, children placed for adoption, and adopted children so long as such eligible children continue to be enrolled. When services are not excluded under this provision, congenital defects or anomalies specifically include individuals born with cleft lip or cleft palate, and other limitations and exclusions of this section shall specifically apply.
4. Treatment that increases the vertical dimension of an occlusion, replaces tooth structure lost by attrition or erosion, or otherwise unless it is part of a treatment dentally necessary due to accident or injury.
5. Treatment or materials primarily for cosmetic purposes including but not limited to treatment of fluorosis (a type of discoloration of the teeth) and porcelain or other veneers not for restorative purposes, except as part of a treatment dentally necessary due to accident or injury. If services are not excluded as to particular teeth under this provision, cosmetic treatment of teeth adjacent or near the affected teeth are excluded. This exclusion does not apply to bleaching or laminate veneers under Plan A. See Appendices A and B for more information about services and limitations for veneers and bleaching under Plan A.
6. Treatment or materials for which the Enrollee would have no legal obligation to pay.
7. Services provided or materials furnished prior to the effective eligibility date of an Enrollee under this plan.
8. Periodontal splinting, equilibration, gnathological recordings and associated treatment, and extra-oral grafts.
9. Preventive plaque control programs, including oral hygiene instruction programs.
10. Myofunctional therapy, unless covered by the exception in Item 3, above.

11. Temporomandibular joint dysfunction, which is medical in nature, unless covered by the exception in Item 3, above.
12. Prescription drugs including topically applied medication for treatment of periodontal disease, pre-medication, analgesias, separate charges for local anesthetics, general anesthesia except as a covered benefit in conjunction with a covered Oral Surgery procedure.
13. Experimental procedures that have not been accepted under generally accepted dental practice standards.
14. Services provided or material furnished after the termination date of coverage for which premium has been paid, as applicable to individual Enrollees, except this shall not apply to services commenced while the plan was in effect or the Enrollee was eligible.
15. Charges for hospitalization or any other surgical treatment facility, including hospital visits.
16. Dental practice administrative services including but not limited to, preparation of claims, any non-treatment phase of dentistry such as provision of an antiseptic environment, sterilization of equipment or infection control, or any ancillary materials used during the routine course of providing treatment such as cotton swabs, gauze, bibs, masks, or relaxation techniques such as music.
17. Replacement of existing restorations for any purpose other than restoring active carious lesions or demonstrable breakdown of the restoration.
18. Materials and procedures for construction of bridges, partial and complete dentures, unless a covered benefit.
19. Orthodontic services, including tooth guidance appliances.

## Limitations

Benefits to Enrollees under the Plan are limited based on various factors including the frequency of services whether paid for under the provisions of this plan, under any prior dental contract and/or policy or by the Enrollee. We recommend you obtain a pre-treatment estimate prior to receiving more complicated or expensive procedures. Also, you should have your Provider verify benefit eligibility prior to receiving any treatment. Limitations are as follows:

- 1. Limitation on Optional Treatment Plan.** In all cases in which there are optional plans of treatment carrying different treatment costs, payment will be made only for the applicable percentage of the least costly course of treatment, so long as such treatment will restore the oral condition in a professionally accepted manner, with the balance of the treatment cost remaining the responsibility of the Enrollee. Such optional treatment includes, but is not limited to, specialized techniques involving gold, precision partial attachments, overlays, bridge attachments, precision dentures, personalization or characterization such as jewels or lettering, shoulders on crowns, or other means of unbundling procedures into individual components not customarily performed alone in generally accepted dental practice.
- 2. Limitation on Basic Restorative Benefits.** If a tooth can be restored with amalgam,

synthetic porcelain or plastic, but the Enrollee and the dentist select another type of restoration, the obligation of Delta Dental shall be only to pay the applicable percentage of the fee appropriate to the least costly restorative procedure. The balance of the treatment shall be considered a dental treatment excluded from coverage under this plan.

- 3. Limitation on Major Restorative Benefits.** If a tooth can be restored with amalgam, synthetic porcelain, or plastic, but the Enrollee and the dentist select another type of restoration, the obligation of Delta Dental shall be only to pay the applicable percentage of the fee appropriate to the least costly restorative procedure. The balance of the treatment shall be considered a dental treatment excluded from coverage under this plan. Replacement of crowns, jackets, inlays, and onlays shall be provided no more often than once in any five-year period and then only in the event that the existing crown, jacket, inlay, or onlay is not satisfactory and cannot be made satisfactory. The five-year period shall be measured from the date on which the restoration was last supplied, whether paid for under the provisions of this plan, under any prior dental care contract, or by the Primary Enrollee.
- 4. Limitation on Diagnostic Aids.** Full mouth X-rays (including panoramic X-rays accompanied by supplemental films, which are considered equivalent to a full-mouth X-ray) are limited to once in any five-year period. Bitewing X-rays are limited to twice in any Calendar Year period for Enrollees to age 19 and once in a Calendar Year for all other Enrollees. Periodic examinations of the full mouth are limited to three in any Calendar Year period.
- 5. Limitation on Prophylaxis, Periodontal Maintenance Cleanings, and Fluoride.** Prophylaxes, periodontal maintenance cleanings, and fluoride application may be performed either together or separately. You may have any combination of prophylaxes and/or periodontal maintenance cleanings (if Enrollee has a previous history of periodontal therapy) for a total of three in any Calendar Year. Fluoride applications as a benefit are limited to twice in any Calendar Year period up to age 19. **Note:** Periodontal maintenance cleanings are covered at a different percentage.
- 6. Limitation on Sealants.** Application of sealants as a benefit is limited to Enrollees up to age 14 through the completion of the procedure or the date eligibility terminates, whichever occurs first. Treatment with sealants as a covered service is limited to applications to eight posterior teeth. Applications to deciduous teeth or teeth with caries are not covered services. Sealants will be replaced only after three years have elapsed following any prior provision of such materials. Single-surface occlusal restorations of a tooth to which a sealant has been applied within 12 months, and two or three surface restorations within six months, which include occlusal surfaces on which sealants have been placed are not covered services. If a single-surface occlusal restoration is performed on a tooth from twelve to 36 months after a sealant has been applied to that tooth, the obligation of Delta Dental shall be only to pay the fee appropriate to the restoration in excess of the fee paid for the application of the sealant.
- 7. Limitation on Prosthodontic Benefits.** Replacement of an existing denture and/or implant will be made only if it is unsatisfactory and cannot be made satisfactory. Services, including denture repair and relining, which are necessary to make such appliances fit, will be provided as outlined in the section "Covered Benefits." Prosthodontic appliances, implants,

and/or abutment crowns will be replaced only after five years have elapsed following any prior provision of such appliance, implant, and abutment crown under any plan procedure.

Diagnostic and treatment facilitating aids for implants are considered a part of, and included in, the fees for the definitive treatment. Delta Dental's payment for implant removal is limited to one (1) for each implant during the Enrollee's lifetime whether provided under Delta Dental or any other dental care plan.

The initial installation of a prosthodontic appliance and/or implant is not a Benefit unless the prosthodontic appliance, implant, bridge, or denture is made necessary by natural, permanent teeth extraction.

- 8. Limitation on Periodontal Surgery.** Benefits for periodontal surgery in the same quadrant are limited to once in any five-year period. The five-year period shall be measured from the date on which the last periodontal surgery was performed in that quadrant, whether paid for under the provisions of this plan, under any prior dental contract, or by the Primary Enrollee.
- 9. Periodontal services,** including bone replacement grafts, guided tissue regeneration, graft procedures, and biological materials to aid in soft and osseous tissue regeneration are only covered for the treatment of natural teeth and are not covered when submitted in conjunction with extractions, periradicular surgery, ridge augmentation, or implants.
- 10. Limitation on Temporomandibular Joint Dysfunction (TMJD).** Benefits for Temporomandibular Joint Dysfunction are limited to services relating to the hinging joints of the jaw including diagnostic tests, splinting and other treatments as have demonstrably satisfactory prognosis. Benefits for TMJD include temporomandibular joint arthrograms (including injection), occlusal guards (by report), occlusal analysis (mounted case), and occlusal adjustments (complete). Other procedures are considered medical in nature and are excluded benefits.
- 11. Limitation on Bleaching.** These services are limited to Enrollees age 16 or older and to once in a 24-month period. Bleaching services are not a Benefit of Plan B.
- 12. Limitation on Laminate Veneers.** These services are limited to Enrollees age 16 or older and to once in a 60-month period. Laminate Veneers are not a Benefit of Plan B.

Start protecting your smile in three easy steps:

- 1** Review your enrollment kit to find the best option for you and your family.
- 2** Review your dentist options.
- 3** Complete an enrollment form.

With the AARP Dental Insurance Plan, you can:

- Protect your smile and your health
- Manage your dental expenses
- Enjoy peace of mind knowing you're covered

Enroll today and keep your smile healthy for all the years to come!

To enroll faster:



Visit Delta Dental at  
**[aarpdental.com/enroll](http://aarpdental.com/enroll)**



Call Delta Dental  
toll-free at  
**1-866-290-2939**  
**(TTY: 1-800-735-2929)**



## Dental Insurance Plan

administered by



Delta Dental Insurance Company

c/o Delta Dental Insurance Company  
3700 Seaport Blvd, Ste 10  
West Sacramento, CA 95691-3530

PRESORTED  
FIRST CLASS MAIL  
U.S. POSTAGE  
**PAID**  
KP LLC

**First Name, here is the personalized AARP Dental Insurance Info Guide you requested.**

First Name Last Name  
Street Address  
Street Address 2  
City, State Zip Code





<b>SERFF Tracking #:</b>	DDPA-132250814	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	DC, DDIC, AARP 2020 RESPONSE BROCHURE
<b>State:</b>	District of Columbia	<b>Filing Company:</b>			Delta Dental Insurance Company
<b>TOI/Sub-TOI:</b>	H10G Group Health - Dental/H10G.000 Health - Dental				
<b>Product Name:</b>	DC, DDIC, AARP 2020 Response Brochure				
<b>Project Name/Number:</b>	DC, DDIC, AARP 2020 Response Brochure/DC, DDIC, AARP 2020 Response Brochure				

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Statement of Variability
<b>Comments:</b>	Please see attached.
<b>Attachment(s):</b>	241-DC-2001-001 - Combo Response Brochure - Variable.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

## **STATEMENT OF VARIABILITY**

### **DC Response Brochure**

1. A – Name will change based on prospect's name
2. B – Name, AARP number and date will change based on member's name, member's AARP number and date requested.
3. C – Website address and phone number might change due to marketing campaign, etc.
4. D - Signature might change
5. E - Rates might change
6. F – Personalized CTA will change based on member's name and/or marketing campaign, etc.
7. G – Name will change based on prospect's name and address



# YOUR INFO & GUIDE

Here's the enrollment kit you requested

PREPARED ESPECIALLY  
FOR AARP MEMBER

[First Name Last Name]



Dental Insurance Plan

administered by



 DELTA DENTAL

Delta Dental Insurance Company

The Delta Dental PPO™ plan and the DeltaCare®  
USA plan are underwritten and administered by  
Delta Dental Insurance Company.

[MONTH DAY, YEAR

Your AARP Member #: XXXXXXXXXX

Dear First Name,]



B

Here is the personalized enrollment kit you requested. The AARP® Dental Insurance Plan, administered by Delta Dental Insurance Company, offers the best possible combination of benefits to fit the needs of you and your family. This enrollment kit provides all the information you need to keep your smile and your budget healthy.

It's not just your oral health that will benefit from a dental plan. Regular dental checkups may provide clues to your overall well-being. Many medical conditions, including heart disease, diabetes, and osteoporosis, may be linked to oral health.<sup>1</sup>

Delta Dental has created affordable dental plans, endorsed by AARP and designed for members like you, that help you maintain your oral health.

- ✔ The DeltaCare USA prepaid option is similar to a dental HMO. You'll select a primary care dentist from the DeltaCare USA network when you enroll.
- ✔ The PPO plan options offer a wider range of coverage and the freedom to visit any licensed dentist.
- ✔ For a more detailed comparison of the plan options, please see the chart on page 4.

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<sup>1</sup> "Oral Health: The Oral-Systemic Health Connection," Home Health Care Management & Practice, 2017.

The Delta Dental PPO plan (Contract 1230) and the DeltaCare USA plan (Contract 76777) are underwritten and administered by **Delta Dental Insurance Company**.

AARP endorses the AARP Dental Insurance Plan, administered by Delta Dental Insurance Company. Delta Dental Insurance Company pays royalty fees to AARP for use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers. Delta Dental is a registered mark of Delta Dental Plans Association.

Once you've chosen the best option for you and your family, there are three easy ways to enroll:



[Visit Delta Dental online for faster enrollment at [aarpdental.com/enroll](http://aarpdental.com/enroll)



Complete and send an enrollment form to Delta




Call Delta Dental toll-free at 1-866-290-2939 (TTY 1-800-735-2929)]

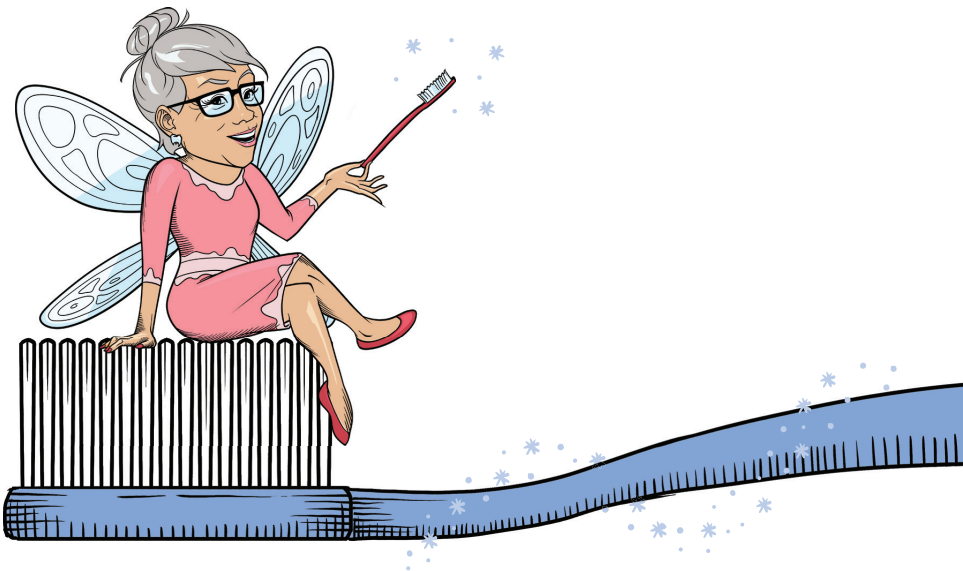
C

[Keep smiling,

Michael G. Hankinson, Esq.  
President

Delta Dental Insurance Company ]

P.S. Your satisfaction is our first  if you aren't completely satisfied and no benefits have been used, simply cancel within 30 days after your effective date to receive a full refund.



# Plan Comparison Chart

The chart below provides a quick overview of the key differences between the dental plan options available to you as an AARP Member. For more information on DeltaCare USA, the prepaid plan option, please see page 6. For more information on the two PPO plan options, please see page 12.

Plan Features	DeltaCare USA Plan	Delta Dental PPO Plan	
Coverage	Immediate affordable coverage for procedures	Widest range of coverage	
Waiting Period	None	12 months for major services	
Dental Network	Select a primary care dentist from the DeltaCare USA network (See page 11 for details)	Choose any licensed dentist in the USA (See page 16 for details)	
Plan Details	DeltaCare USA Plan	PPO Plan A	PPO Plan B
Calendar Year Deductible	None	\$40	\$90
Calendar Year Maximum Benefit	None	\$1,500	\$1,000
Monthly Premium	DeltaCare USA Plan	PPO Plan A	PPO Plan B
Individual Only	[ Rate ]	[ Rate ]	[ Rate ]
Individual plus One	[ Rate ]	[Rate]	[Rate]
Family (three or more)	[Rate]	[Rate]	[Rate]

→ **E**

Sample Procedures <sup>1</sup>	Member Pays <sup>2, 3, 4</sup>		
	DeltaCare USA Plan	PPO Plan A	PPO Plan B
Exams and x-rays (D0150, D0120 and D0270, D0274)	\$0	No charge	20%
Cleanings (D1110, D1120)	\$5 (2x/year)	No charge (3x/year)	20% (3x/year)
Gum cleanings (D4910)	\$45	20%	50%
Denture repair: broken clasp (D5630)	\$55	20%	50%
Tooth-colored filling (one surface) (D2391)	\$65	20%	20%
Simple extraction (D7140)	\$14	50%	50%
Periodontal scaling and root planing (D4341)	\$60	50%	50%
Root canal: molar (D3330)	\$365	50%	50%
Complete dentures (D5110)	\$365	50%	50%
Crown (D2750)	\$395	50%	50%
Dental implant services (D6000–D6199)	Not covered	50%	50%
Temporomandibular Joint Dysfunction (TMJD)	Not covered	50%	50%
Orthodontics (D8090)	\$2,100	Not covered	Not covered

<sup>1</sup> Procedure codes correspond to the DeltaCare USA plan procedures only.

<sup>2</sup> For complete details on the DeltaCare USA plan benefits, coverages, limitations, and exclusions, please turn to page 19.

<sup>3</sup> For complete details on the PPO plan benefits, coverages, limitations, and exclusions, please turn to page 32.

<sup>4</sup> For the PPO plan, percentage member pays is calculated based on the Delta Dental PPO Maximum Allowance that Delta Dental PPO dentists accept as full payment for covered services. Actual percentage may vary if dentist is not a Delta Dental PPO dentist. See page 16 for details.

# DeltaCare USA Plan

Keep your smile healthy with the newest plan with affordable rates, no waiting periods, no deductible, and no maximum benefit.



## DeltaCare USA Prepaid Plan Benefits

Here are a few of the benefits you'll enjoy when you enroll in the DeltaCare USA plan and visit a DeltaCare USA network dentist:



### Predictable costs

You pay predictable, set copayments for covered procedures, so it's easy for you to know your share of costs up front.



### Reduced out-of-pocket costs

You can get the dental services you need with no deductible and no annual benefit limit, which lowers your out-of-pocket costs.



### No waiting periods

Once you are enrolled, all covered benefits are available immediately, so you can get the coverage you need right away.

Continue reading for more information about the DeltaCare USA plan as well as instructions on how to enroll. Please consult the enrollment form, or the bottom of page 4, for your premium rate.

For information about the two PPO plan options, please turn to page 12.

DeltaCare USA Prepaid Plan Benefit Summary

Plan Features	Advantages
No Deductible or Maximum	Enjoy cost savings with no annual deductible, plus receive the services you need with no annual benefit limit.
Fixed Copayments	Covered procedures and services provided by contract dentists have predetermined copayments, so out-of-pocket costs are predictable.
No Waiting Period	Once enrolled, you can receive covered services right away, including dentures and crowns.
Broad Coverage	DeltaCare USA covers 250+ procedures, plus up to 24 months of active orthodontic treatment for both adults and children.
Select Dentist Network	Select a DeltaCare USA dentist from a list of contract dental facilities to take care of your general oral health needs and coordinate any specialty care treatment for you.

The chart on the next page illustrates the cost of sample procedures covered under the DeltaCare USA plan. If you have further questions about the plan, please visit Delta Dental at [aarpdental.com/enroll or call Delta Dental at 1-866-290-2939 (TTY: 1-800-735-2929).]

A representative will be happy to help you.



## DeltaCare USA Prepaid Plan Coverage Chart





Sample Procedures (see Schedule A for complete list)*	You Pay
<b>Exam and x-rays</b> (D0150, D0120 and D0270, D0274)	No Cost
<b>Comprehensive oral evaluation</b> (D0150)	No Cost
<b>Nutritional counseling for control of dental disease</b> (D1310)	No Cost
<b>Office visit</b> (D0999)	\$5
<b>Cleaning (once every 6 months)</b> (D1110, D1120)	\$5
<b>Simple extraction</b> (D7140)	\$14
<b>Palliative (emergency) treatment of dental pain</b> (D9110)	\$20
<b>Gum cleaning</b> (D4910)	\$45
<b>Denture repair or replace broken clasp</b> (D5630)	\$55
<b>Periodontal scaling and root planing</b> (D4341)	\$60
<b>Tooth-colored filling (one surface)</b> (D2391)	\$65
<b>Root canal: molar</b> (D3330)	\$365
<b>Complete dentures</b> (D5110)	\$365
<b>Crown</b> (D2750)	\$395
<b>Adult orthodontics</b> (D8090)	\$2,100

\*The DeltaCare USA plan Schedules A and B (starting on page 19 of this brochure) should be consulted for a detailed description of the plan benefits, limitations, and exclusions.

## DeltaCare USA Dentists

With the DeltaCare USA plan, you select a primary care dentist from the DeltaCare USA network when you enroll. The network consists of contracted dentists who have been carefully screened to ensure they are fully accessible to you. You'll need to visit the DeltaCare USA dentist you selected when you enrolled in order to receive benefits.

When you visit your dentist, you pay only the applicable dollar copayment for the covered treatment. If you require specialty care or treatment, your primary care dentist will coordinate with an approved specialist to meet your needs for:

-  Oral surgery
-  Endodontics
-  Periodontics
-  Orthodontics

If there isn't a contract specialist in your area, you'll be provided with a referral to an out-of-network specialist at no extra charge (you simply pay the applicable copayment).



See the next page for a list of DeltaCare USA dentists in your area. For a complete list of DeltaCare USA dentists, visit Delta Dental at **[[deltadentalins.com/aarp](https://deltadentalins.com/aarp)** or call 1-866-290-2939.]



DeltaCare USA Dentists

Find your DeltaCare USA dentist today!

Here are the DeltaCare USA dentist facilities nearest you:

Dentist Name	Dentist Name
Address	Address
City State Zip	City State Zip
Phone	Phone
Distance	Distance
Facility Number	Facility Number
Languages: ENG SP CH	Languages: ENG SP CH

Dentist Name	Dentist Name
Address	Address
City State Zip	City State Zip
Phone	Phone
Distance	Distance
Facility Number	Facility Number
Languages: ENG SP CH	Languages: ENG SP CH

Dentist Name	Dentist Name
Address	Address
City State Zip	City State Zip
Phone	Phone
Distance	Distance
Facility Number	Facility Number
Languages: ENG SP CH	Languages: ENG SP CH

Language Key: ENG=English; SP=Spanish; CH=Chinese

# PPO Plan Options

Enjoy wide-ranging coverage and the freedom to visit any licensed dentist in the country.

## PPO Plan Benefits

Here are a few of the benefits you'll enjoy when you enroll in PPO Plan A or PPO Plan B:



### **Wider range of coverage**

Both PPO plan options provide coverage for the most common dental procedures, including dental implants and three cleanings and exams per Calendar Year.<sup>1</sup>



### **Freedom to choose any licensed dentist**

Enjoy convenient access to network dentists with both PPO Plan A or PPO Plan B. You can see any licensed dentist, including your own, but you can save more when you visit a Delta Dental PPO network dentist.



### **More savings as you go**

Once you have been an enrollee for 12 continuous months, additional services such as crowns, bridges, and dentures become available so that you can save even more.

Continue reading for more information about the two PPO plan options, as well as instructions on how to enroll.

<sup>1</sup> See enclosed PPO plan Limitations and Exclusions on page 32. Annual deductibles, coinsurance, and maximums may apply.





## PPO Plan Coverage Chart

PPO Plan Coverage Chart	PPO Plan A		PPO Plan B	
	Delta Dental Pays*	Member Pays	Delta Dental Pays*	Member Pays
Benefits in Year 1				
Diagnostic and preventive (includes exams, x-rays, and cleanings)  NOTE: In Plan A, no deductible is required for diagnostic or preventive services. In Plan B, Calendar Year deductible applies.	100%	0%	80%	20%
Periodontal maintenance cleanings (gum cleanings)	80%	20%	50%	50%
Denture repairs	80%	20%	50%	50%
Basic Restorations (including tooth-colored fillings)	80%	20%	80%	20%
Oral surgery	50%	50%	50%	50%
Endodontics (root canals)	50%	50%	50%	50%
Additional Benefits Available after 1 Year of Continuous Enrollment				
Periodontics (gum disease treatment)	50%	50%	50%	50%
Crown and cast restorations	50%	50%	50%	50%
Dental implant services	50%	50%	50%	50%
Prosthodontics (dentures)	50%	50%	50%	50%
Additional Benefits Available with Annual Payment				
Dental accident (\$1,000 lifetime maximum)	100%	0%	Not a benefit in Plan B	
Deductibles and Maximums per Enrollee				
Calendar Year deductible	\$40		\$90	
Calendar Year maximum benefit	\$1,500		\$1,000	

**Bold** items indicate the differences between Plan A and Plan B.



The Delta Dental PPO plan offers two options: Plan A and Plan B. Both plans provide access to large dentist networks, with the freedom to visit any licensed dentist. Most benefits are identical under the two options, including:

-  Three cleanings and exams per Calendar Year, including gum maintenance cleanings<sup>1, 2</sup>
-  Dental implants after one year of continuous coverage<sup>2</sup>
-  Immediate coverage for cleanings, exams, x-rays, and fillings with additional coverage after a 12-month waiting period
-  Fixed rate for first two years of continuous enrollment

The primary differences between the two options are listed below:



PPO Plan A provides benefits for most dental procedures at a moderate premium.



PPO Plan B offers lower premiums than Plan A, with slightly lower coverage levels for some services.

The deductible and Calendar Year maximum vary by plan. For more details, please see the chart on the previous page. Specific differences are noted in **bold**.

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<sup>1</sup> Annual deductibles, coinsurance, and maximums may apply.

<sup>2</sup> See enclosed PPO plan Limitations and Exclusions.

\*Delta Dental's payment under this plan is limited to the applicable percentage of the lesser of either a) your dentist's actual charges; or b) the Delta Dental PPO Maximum Plan Allowance (the highest amount that Delta Dental will pay to a Delta Dental PPO dentist where you received the services). You will be required to pay the coinsurance, deductible, charges where the maximum benefit has been exceeded, and/or charges for non-covered services. When receiving treatment from a Delta Dental Premier® (Premier) dentist, you may be required to pay any cost above the Delta Dental PPO Maximum Plan Allowance, up to your dentist's Premier Maximum Plan Allowance.



**When receiving treatment from a non-Delta Dental dentist, there is no limit regarding their fees.**

## PPO Plan Dentists

The network in which your dentist participates may impact your out-of-pocket expenses, so it's important for you to understand the different types of dentist networks. There are three types of networks, each with a different level of cost savings.



**To maximize your savings** when selecting a dentist, be sure to ask whether he or she is a Delta Dental PPO (PPO) dentist or a Delta Dental Premier (Premier) dentist. While there are more Premier dentists from which to choose, savings tend to be greater when you visit a PPO dentist. For a list of dentists in your area, visit Delta Dental at [deltadentalins.com/find-a-dentist](https://deltadentalins.com/find-a-dentist)

Dentist Type	PPO Network Dentists	Premier Dentists	Non-Delta Dental Dentists
How Much You Save			?
Fees	They provide covered procedures at reduced, pre-negotiated rates	They provide lower fees than non-Delta Dental dentists, but not necessarily as low as PPO dentists	They do not accept pre-negotiated fees and may charge their full price
Claims	They handle all claims and bill Delta Dental directly	They handle all claims and bill Delta Dental directly	You may have to pay up front and submit a claim to Delta Dental for reimbursement

Once you've decided which of these plan options is right for you, there are three easy ways to enroll:



[Visit Delta Dental at **aarpdental.com/enroll** to enroll online.]

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Complete and send an enrollment form to Delta Dental.

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Call Delta Dental toll-free at **1-866-290-2939**  
(TTY: 1-800-735-2929).]

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# Enroll today and keep smiling!

Now that you have all the information you need to choose a plan, it's time to enroll in the AARP Dental Insurance Plan.

Start protecting your smile in three easy steps:

- 1 [Review your enrollment kit to find the best option for you and your family.
- 2 Review your dentist options.
- 3 Complete an enrollment form.]



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# DeltaCare USA

## Schedule A

### Description of Benefits and Copayments

The Benefits shown below are performed as deemed appropriate by the attending Contract Dentist subject to the limitations and exclusions of the Program. Please refer to *Schedule B* for further clarification of Benefits. **Enrollees should discuss all treatment options with their Contract Dentist prior to services being rendered.**

**Text that appears in italics below is specifically intended to clarify the delivery of benefits under the DeltaCare USA program and is not to be interpreted as Current Dental Terminology (“CDT”), CDT-2019 procedure codes, descriptors or nomenclature that are under copyright by the American Dental Association (“ADA”). The ADA may periodically change CDT codes or definitions. Such updated codes, descriptors and nomenclature may be used to describe these covered procedures in compliance with federal legislation.**

CODE	DESCRIPTION	ENROLLEE PAYS
<b>D0100-D0999 I. DIAGNOSTIC</b>		
D0120	Periodic oral evaluation - established patient .....	No Cost
D0140	Limited oral evaluation - problem focused.....	No Cost
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver .....	No Cost
D0150	Comprehensive oral evaluation - new or established patient .....	No Cost
D0160	Detailed and extensive oral evaluation - problem focused, by report.....	No Cost
D0170	Re-evaluation - limited, problem focused (established patient; not post-operative visit) .....	No Cost
D0171	Re-evaluation - post-operative office visit.....	\$5.00
D0180	Comprehensive periodontal evaluation - new or established patient.....	No Cost
D0190	Screening of a patient .....	No Cost
D0191	Assessment of a patient .....	No Cost
D0210	Intraoral - complete series of radiographic images - <i>limited to 1 series every 24 months</i> .....	No Cost
D0220	Intraoral - periapical first radiographic image .....	No Cost
D0230	Intraoral - periapical each additional radiographic image .....	No Cost
D0240	Intraoral - occlusal radiographic image .....	No Cost
D0250	Extraoral - 2D projection radiographic image created using a stationary radiation source, and detector .....	No Cost
D0251	Extraoral posterior dental radiographic image .....	No Cost
D0270	Bitewing - single radiographic image .....	No Cost
D0272	Bitewings - two radiographic images .....	No Cost
D0273	Bitewings three radiographic images .....	No Cost
D0274	Bitewings - four radiographic images - <i>limited to 1 series every 6 months</i> ....	No Cost
D0277	Vertical bitewings - 7 to 8 radiographic images.....	No Cost
D0330	Panoramic radiographic image .....	No Cost

D0415	Collection of microorganisms for culture and sensitivity.....	No Cost
D0425	Caries susceptibility tests.....	No Cost
D0460	Pulp vitality tests.....	No Cost
D0470	Diagnostic casts.....	No Cost
D0472	Accession of tissue, gross examination, preparation and transmission of written report .....	No Cost
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report .....	No Cost
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report .....	No Cost
D0601	Caries risk assessment and documentation, with a finding of low risk - <i>1 every 3 years</i> .....	No Cost
D0602	Caries risk assessment and documentation, with a finding of moderate risk - <i>1 every 3 years</i> .....	No Cost
D0603	Caries risk assessment and documentation, with a finding of high risk - <i>1 every 3 years</i> .....	No Cost
D0999	Unspecified diagnostic procedure, by report - <i>includes office visit, per visit (in addition to other services)</i> .....	\$5.00

## **D1000-D1999 II. PREVENTIVE**

D1110	Prophylaxis <i>cleaning</i> - adult - <i>1 D1110, D1120 or D4346 per 6 month period</i> ..	\$5.00
D1110	<i>Additional prophylaxis cleaning</i> - adult (within the 6 month period).....	\$45.00
D1120	Prophylaxis <i>cleaning</i> - child - <i>1 D1110, D1120 or D4346 per 6 month period</i> ..	\$5.00
D1120	<i>Additional prophylaxis cleaning</i> - child (within the 6 month period).....	\$35.00
D1206	Topical application of fluoride varnish - <i>child to age 19; 1 D1206 or D1208 per 6 month period</i> .....	No Cost
D1208	Topical application of fluoride - excluding varnish - <i>child to age 19; 1 D1206 or D1208 per 6 month period</i> .....	No Cost
D1310	Nutritional counseling for control of dental disease .....	No Cost
D1330	Oral hygiene instructions.....	No Cost
D1351	Sealant - per tooth - <i>limited to permanent molars through age 15</i> .....	\$15.00
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth - <i>limited to permanent molars through age 15</i> .....	\$15.00
D1353	Sealant repair - per tooth - <i>limited to permanent molars through age 15</i> .....	\$15.00
D1354	Interim caries arresting medicament application - per tooth - <i>child to age 19; 1 per 6 month period</i> .....	No Cost
D1510	Space maintainer - fixed - unilateral .....	\$70.00
D1516	Space maintainer - fixed - bilateral, maxillary.....	\$70.00
D1517	Space maintainer - fixed - bilateral, mandibular.....	\$70.00
D1520	Space maintainer - removable - unilateral .....	\$80.00
D1526	Space maintainer - removable - bilateral, maxillary.....	\$80.00
D1527	Space maintainer - removable - bilateral, mandibular.....	\$80.00
D1550	Re-cement or re-bond space maintainer.....	\$15.00
D1555	Removal of fixed space maintainer .....	\$15.00
D1575	Distal shoe space maintainer - fixed - unilateral - <i>child to age 9</i> .....	\$70.00

**D2000-D2999 III. RESTORATIVE**

- Includes polishing, all adhesives and bonding agents, indirect pulp capping, bases, liners and acid etch procedures.
- When there are more than six crowns in the same treatment plan, an Enrollee may be charged an additional \$100.00 per crown, beyond the 6th unit.
- Replacement of crowns, inlays and onlays requires the existing restoration to be 5+ years old.

D2140	Amalgam - one surface, primary or permanent.....	\$8.00
D2150	Amalgam - two surfaces, primary or permanent.....	\$12.00
D2160	Amalgam - three surfaces, primary or permanent.....	\$18.00
D2161	Amalgam - four or more surfaces, primary or permanent.....	\$22.00
D2330	Resin-based composite - one surface, anterior.....	\$22.00
D2331	Resin-based composite - two surfaces, anterior.....	\$26.00
D2332	Resin-based composite - three surfaces, anterior.....	\$30.00
D2335	Resin-based composite - four or more surfaces or involving incisal angle (anterior).....	\$55.00
D2390	Resin-based composite crown, anterior.....	\$65.00
D2391	Resin-based composite - one surface, posterior.....	\$65.00
D2392	Resin-based composite - two surfaces, posterior.....	\$75.00
D2393	Resin-based composite - three surfaces, posterior.....	\$85.00
D2394	Resin-based composite - four or more surfaces, posterior.....	\$95.00
D2510	Inlay - metallic - one surface.....	\$185.00
D2520	Inlay - metallic - two surfaces.....	\$195.00
D2530	Inlay - metallic - three or more surfaces.....	\$205.00
D2542	Onlay - metallic - two surfaces.....	\$200.00
D2543	Onlay - metallic - three surfaces.....	\$210.00
D2544	Onlay - metallic - four or more surfaces.....	\$230.00
D2610	Inlay - porcelain/ceramic - one surface.....	\$310.00
D2620	Inlay - porcelain/ceramic - two surfaces.....	\$345.00
D2630	Inlay - porcelain/ceramic - three or more surfaces.....	\$365.00
D2642	Onlay - porcelain/ceramic - two surfaces.....	\$340.00
D2643	Onlay - porcelain/ceramic - three surfaces.....	\$375.00
D2644	Onlay - porcelain/ceramic - four or more surfaces.....	\$395.00
D2650	Inlay - resin-based composite - one surface.....	\$210.00
D2651	Inlay - resin-based composite - two surfaces.....	\$235.00
D2652	Inlay - resin-based composite - three or more surfaces.....	\$270.00
D2662	Onlay - resin-based composite - two surfaces.....	\$265.00
D2663	Onlay - resin-based composite - three surfaces.....	\$290.00
D2664	Onlay - resin-based composite - four or more surfaces.....	\$335.00
D2710	Crown - resin-based composite (indirect).....	\$185.00
D2712	Crown - ¾ resin-based composite (indirect).....	\$185.00
D2720	Crown - resin with high noble metal.....	\$335.00
D2721	Crown - resin with predominantly base metal.....	\$235.00
D2722	Crown - resin with noble metal.....	\$275.00
D2740	Crown - porcelain/ceramic.....	\$395.00
D2750	Crown - porcelain fused to high noble metal.....	\$395.00

D2751	Crown - porcelain fused to predominantly base metal.....	\$295.00
D2752	Crown - porcelain fused to noble metal .....	\$335.00
D2780	Crown - ¾ cast high noble metal.....	\$395.00
D2781	Crown - ¾ cast predominantly base metal .....	\$295.00
D2782	Crown - ¾ cast noble metal.....	\$335.00
D2783	Crown - ¾ porcelain/ceramic.....	\$395.00
D2790	Crown - full cast high noble metal .....	\$395.00
D2791	Crown - full cast predominantly base metal .....	\$295.00
D2792	Crown - full cast noble metal.....	\$335.00
D2794	Crown - titanium.....	\$395.00
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration .....	\$20.00
D2915	Re-cement or re-bond indirectly fabricated or prefabricated post and core.....	\$20.00
D2920	Re-cement or re-bond crown .....	\$20.00
D2921	Reattachment of tooth fragment, incisal edge or cusp ( <i>anterior</i> ).....	\$55.00
D2929	Prefabricated porcelain/ceramic crown - primary tooth - <i>anterior</i> .....	\$75.00
D2930	Prefabricated stainless steel crown - primary tooth.....	\$75.00
D2931	Prefabricated stainless steel crown - permanent tooth .....	\$75.00
D2932	Prefabricated resin crown - <i>anterior primary tooth</i> .....	\$85.00
D2933	Prefabricated stainless steel crown with resin window - <i>anterior primary tooth</i> .....	\$75.00
D2940	Protective restoration.....	\$20.00
D2941	Interim therapeutic restoration - primary dentition .....	\$20.00
D2949	Restorative foundation for an indirect restoration .....	\$80.00
D2950	Core buildup, including any pins when required.....	\$80.00
D2951	Pin retention - per tooth, in addition to restoration .....	\$15.00
D2952	Post and core in addition to crown, indirectly fabricated - <i>includes canal preparation</i> .....	\$110.00
D2953	Each additional indirectly fabricated post - same tooth - <i>includes canal preparation</i> .....	\$80.00
D2954	Prefabricated post and core in addition to crown - <i>base metal post; includes canal preparation</i> .....	\$95.00
D2957	Each additional prefabricated post - same tooth - <i>base metal post; includes canal preparation</i> .....	\$70.00
D2971	Additional procedures to construct new crown under existing partial denture framework.....	\$60.00
D2980	Crown repair necessitated by restorative material failure.....	\$30.00
D2981	Inlay repair necessitated by restorative material failure .....	\$30.00
D2982	Onlay repair necessitated by restorative material failure.....	\$30.00
D2983	Veneer repair necessitated by restorative material failure.....	\$30.00
D2990	Resin infiltration of incipient smooth surface lesions - <i>limited to permanent molars through age 15</i> .....	\$15.00

### D3000-D3999 IV. ENDODONTICS

D3110	Pulp cap - direct (excluding final restoration).....	\$5.00
D3120	Pulp cap - indirect (excluding final restoration) .....	\$5.00
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament.....	\$45.00



D3221	Pulpal debridement, primary and permanent teeth .....	\$50.00
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development.....	\$45.00
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration).....	\$60.00
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration) .....	\$60.00
D3310	<i>Root canal</i> - endodontic therapy, anterior tooth (excluding final restoration) .	\$125.00
D3320	<i>Root canal</i> - endodontic therapy, premolar tooth (excluding final restoration)	\$215.00
D3330	<i>Root canal</i> - endodontic therapy, molar tooth (excluding final restoration) ....	\$365.00
D3331	Treatment of root canal obstruction; non-surgical access .....	\$80.00
D3332	Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth...	\$80.00
D3333	Internal root repair of perforation defects.....	\$80.00
D3346	Retreatment of previous root canal therapy - anterior.....	\$155.00
D3347	Retreatment of previous root canal therapy - premolar.....	\$245.00
D3348	Retreatment of previous root canal therapy - molar .....	\$395.00
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.) .....	\$80.00
D3352	Apexification/recalcification - interim medication replacement (apical closure/ calcific repair of perforations, root resorption, pulp space disinfection, etc.) ...	\$55.00
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.) .....	\$55.00
D3410	Apicoectomy - anterior .....	\$155.00
D3421	Apicoectomy - premolar (first root).....	\$165.00
D3425	Apicoectomy - molar (first root) .....	\$175.00
D3426	Apicoectomy (each additional root) .....	\$100.00
D3427	Periradicular surgery without apicoectomy .....	\$155.00
D3430	Retrograde filling - per root .....	\$75.00
D3450	Root amputation - per root.....	\$85.00
D3920	Hemisection (including any root removal), not including root canal therapy ....	\$75.00

## **D4000-D4999 V. PERIODONTICS**

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

D4210	Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces per quadrant.....	\$160.00
D4211	Gingivectomy or gingivoplasty - one to three contiguous teeth or tooth bounded spaces per quadrant.....	\$95.00
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth .....	\$95.00
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or tooth bounded spaces per quadrant.....	\$160.00
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant.....	\$95.00
D4245	Apically positioned flap .....	\$175.00
D4249	Clinical crown lengthening - hard tissue .....	\$150.00
D4260	Osseous surgery (including elevation of a full thickness flap and closure) - four or more contiguous teeth or tooth bounded spaces per quadrant .....	\$385.00

D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant.....	\$308.00
D4263	Bone replacement graft - retained natural tooth - first site in quadrant .....	\$235.00
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant.....	\$85.00
D4270	Pedicle soft tissue graft procedure .....	\$235.00
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area) .....	\$90.00
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft .....	\$235.00
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) each additional contiguous tooth, implant, or edentulous tooth position in same graft site .....	\$235.00
D4341	Periodontal scaling and root planing - four or more teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> .....	\$60.00
D4342	Periodontal scaling and root planing - one to three teeth per quadrant - <i>limited to 4 quadrants during any 12 consecutive months</i> .....	\$50.00
D4346	Scaling in presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation - 1 D1110, D1120 or D4346 per 6 month period .....	\$5.00
D4355	Full mouth debridement to enable a comprehensive oral evaluation and diagnosis on a subsequent visit - <i>limited to 1 treatment in any 12 consecutive months</i> ..	\$60.00
D4910	Periodontal maintenance - <i>limited to 1 treatment each 6 month period</i> .....	\$45.00
D4910	<i>Additional periodontal maintenance (within the 6 month period)</i> .....	\$55.00
D4921	Gingival irrigation - per quadrant .....	No Cost

## **D5000-D5899 VI. PROSTHODONTICS (removable)**

- For all listed dentures and partial dentures, Copayment includes after delivery adjustments and tissue conditioning, if needed, for the first six months after placement. The Enrollee must continue to be eligible, and the service must be provided at the Contract Dentist's facility where the denture was originally delivered.

- Rebases, relines and tissue conditioning are limited to 1 per denture during any 12 consecutive months.

- Replacement of a denture or a partial denture requires the existing denture to be 5+ years old.

D5110	Complete denture - maxillary.....	\$365.00
D5120	Complete denture - mandibular .....	\$365.00
D5130	Immediate denture - maxillary .....	\$385.00
D5140	Immediate denture - mandibular .....	\$385.00
D5211	Maxillary partial denture - resin base (including retentive/clasping materials, rests, and teeth) .....	\$325.00
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests, and teeth) .....	\$325.00
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) .....	\$395.00
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth).....	\$395.00

D5221	Immediate maxillary partial denture - resin base (including any conventional clasps, rests and teeth) .....	\$325.00
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rests and teeth) .....	\$325.00
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) .....	\$395.00
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) .....	\$395.00
D5225	Maxillary partial denture - flexible base (including any clasps, rests and teeth) .....	\$445.00
D5226	Mandibular partial denture - flexible base (including any clasps, rests and teeth) .....	\$445.00
D5410	Adjust complete denture - maxillary .....	\$18.00
D5411	Adjust complete denture - mandibular .....	\$18.00
D5421	Adjust partial denture - maxillary .....	\$18.00
D5422	Adjust partial denture - mandibular .....	\$18.00
D5511	Repair broken complete denture base, mandibular .....	\$55.00
D5512	Repair broken complete denture base, maxillary .....	\$55.00
D5520	Replace missing or broken teeth - complete denture (each tooth) .....	\$35.00
D5611	Repair resin partial denture base, mandibular .....	\$55.00
D5612	Repair resin partial denture base, maxillary .....	\$55.00
D5621	Repair cast partial framework, mandibular .....	\$55.00
D5622	Repair cast partial framework, maxillary .....	\$55.00
D5630	Repair or replace broken retentive/clasping materials - per tooth .....	\$55.00
D5640	Replace broken teeth - per tooth .....	\$45.00
D5650	Add tooth to existing partial denture .....	\$45.00
D5660	Add clasp to existing partial denture - per tooth .....	\$55.00
D5670	Replace all teeth and acrylic on cast metal framework (maxillary) .....	\$180.00
D5671	Replace all teeth and acrylic on cast metal framework (mandibular) .....	\$180.00
D5710	Rebase complete maxillary denture .....	\$105.00
D5711	Rebase complete mandibular denture .....	\$105.00
D5720	Rebase maxillary partial denture .....	\$105.00
D5721	Rebase mandibular partial denture .....	\$105.00
D5730	Reline complete maxillary denture (chairside) .....	\$60.00
D5731	Reline complete mandibular denture (chairside) .....	\$60.00
D5740	Reline maxillary partial denture (chairside) .....	\$60.00
D5741	Reline mandibular partial denture (chairside) .....	\$60.00
D5750	Reline complete maxillary denture (laboratory) .....	\$95.00
D5751	Reline complete mandibular denture (laboratory) .....	\$95.00
D5760	Reline maxillary partial denture (laboratory) .....	\$95.00
D5761	Reline mandibular partial denture (laboratory) .....	\$95.00
D5820	Interim partial denture (maxillary) - <i>limited to 1 in any 12 consecutive months</i> .....	\$125.00
D5821	Interim partial denture (mandibular) - <i>limited to 1 in any 12 consecutive months</i> .....	\$125.00
D5850	Tissue conditioning, maxillary .....	\$30.00
D5851	Tissue conditioning, mandibular .....	\$30.00

**D5900-D5999 VII. MAXILLOFACIAL PROSTHETICS - Not Covered****D6000-D6199 VIII. IMPLANT SERVICES - Not Covered****D6200-D6999 IX. PROSTHODONTICS, fixed (each retainer and each pontic constitutes a unit in a fixed partial denture [bridge])**

- When a crown and/or pontic exceeds six units in the same treatment plan, an Enrollee may be charged an additional \$100.00 per unit, beyond the 6th unit.
- Replacement of a crown, pontic, inlay, onlay or stress breaker requires the existing bridge to be 5+ years old.

D6210	Pontic - cast high noble metal .....	\$395.00
D6211	Pontic - cast predominantly base metal .....	\$295.00
D6212	Pontic - cast noble metal .....	\$335.00
D6240	Pontic - porcelain fused to high noble metal .....	\$395.00
D6241	Pontic - porcelain fused to predominantly base metal .....	\$295.00
D6242	Pontic - porcelain fused to noble metal .....	\$335.00
D6245	Pontic - porcelain/ceramic .....	\$395.00
D6250	Pontic - resin with high noble metal .....	\$335.00
D6251	Pontic - resin with predominantly base metal .....	\$235.00
D6252	Pontic - resin with noble metal .....	\$275.00
D6600	Retainer inlay - porcelain/ceramic, two surfaces .....	\$345.00
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces .....	\$365.00
D6602	Retainer inlay - cast high noble metal, two surfaces .....	\$295.00
D6603	Retainer inlay - cast high noble metal, three or more surfaces .....	\$305.00
D6604	Retainer inlay - cast predominantly base metal, two surfaces .....	\$195.00
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces .....	\$205.00
D6606	Retainer inlay - cast noble metal, two surfaces .....	\$225.00
D6607	Retainer inlay - cast noble metal, three or more surfaces .....	\$235.00
D6608	Retainer onlay - porcelain/ceramic, two surfaces .....	\$340.00
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces .....	\$375.00
D6610	Retainer onlay - cast high noble metal, two surfaces .....	\$300.00
D6611	Retainer onlay - cast high noble metal, three or more surfaces .....	\$310.00
D6612	Retainer onlay - cast predominantly base metal, two surfaces .....	\$200.00
D6613	Retainer onlay - cast predominantly base metal, three or more surfaces .....	\$210.00
D6614	Retainer onlay - cast noble metal, two surfaces .....	\$220.00
D6615	Retainer onlay - cast noble metal, three or more surfaces .....	\$240.00
D6720	Retainer crown - resin with high noble metal .....	\$335.00
D6721	Retainer crown - resin with predominantly base metal .....	\$235.00
D6722	Retainer crown - resin with noble metal .....	\$275.00
D6740	Retainer crown - porcelain/ceramic .....	\$395.00
D6750	Retainer crown - porcelain fused to high noble metal .....	\$395.00
D6751	Retainer crown - porcelain fused to predominantly base metal .....	\$295.00
D6752	Retainer crown - porcelain fused to noble metal .....	\$335.00
D6780	Retainer crown - $\frac{3}{4}$ cast high noble metal .....	\$395.00
D6781	Retainer crown - $\frac{3}{4}$ cast predominantly base metal .....	\$295.00
D6782	Retainer crown - $\frac{3}{4}$ cast noble metal .....	\$335.00

D6783	Retainer crown - ¾ porcelain/ceramic.....	\$395.00
D6790	Retainer crown - full cast high noble metal.....	\$395.00
D6791	Retainer crown - full cast predominantly base metal.....	\$295.00
D6792	Retainer crown - full cast noble metal.....	\$335.00
D6930	Re-cement or re-bond fixed partial denture.....	\$25.00
D6940	Stress breaker.....	\$50.00
D6980	Fixed partial denture repair necessitated by restorative material failure.....	\$70.00

## **D7000-D7999 X. ORAL AND MAXILLOFACIAL SURGERY**

- Includes preoperative and postoperative evaluations and treatment under a local anesthetic.

D7111	Extraction, coronal remnants - primary tooth.....	\$10.00
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal).....	\$14.00
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated.....	\$55.00
D7220	Removal of impacted tooth - soft tissue.....	\$70.00
D7230	Removal of impacted tooth - partially bony.....	\$95.00
D7240	Removal of impacted tooth - completely bony.....	\$120.00
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications.....	\$140.00
D7250	Removal of residual tooth roots (cutting procedure).....	\$45.00
D7251	Coronectomy - intentional partial tooth removal.....	\$140.00
D7270	Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth.....	\$130.00
D7280	Exposure of an unerupted tooth.....	\$120.00
D7282	Mobilization of erupted or malpositioned tooth to aid eruption.....	\$120.00
D7283	Placement of device to facilitate eruption of impacted tooth.....	No Cost
D7286	Incisional biopsy of oral tissue - soft - <i>does not include pathology laboratory procedures</i> .....	\$40.00
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.....	\$100.00
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.....	\$100.00
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant.....	\$120.00
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant.....	\$120.00
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm.....	No Cost
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm.....	No Cost
D7471	Removal of lateral exostosis (maxilla or mandible).....	\$100.00
D7472	Removal of torus palatinus.....	\$100.00
D7473	Removal of torus mandibularis.....	\$100.00
D7510	Incision and drainage of abscess - intraoral soft tissue.....	\$25.00
D7960	Frenulectomy - also known as frenectomy or frenotomy - separate procedure not incidental to another procedure.....	\$20.00

D7970	Excision of hyperplastic tissue - per arch .....	\$80.00
D7971	Excision of pericoronal gingiva.....	\$80.00

## D8000-D8999 XI. ORTHODONTICS

- *The listed Copayment for each phase of orthodontic treatment (limited, interceptive or comprehensive) covers up to 24 months of active treatment. Beyond 24 months, an additional monthly fee, not to exceed \$125.00, may apply.*
- *The Retention Copayment includes adjustments and/or office visits up to 24 months.*

### **Pre and post orthodontic records include:**

*The benefit for pre-treatment records and diagnostic services includes: .....\$200.00*

D0210	Intraoral - complete series of radiographic images	
D0322	Tomographic survey	
D0330	Panoramic radiographic image	
D0340	2D cephalometric radiographic image - acquisition, measurement and analysis	
D0350	2D oral/facial photographic images obtained intraorally or extraorally	
D0351	3D photographic image	
D0470	Diagnostic casts	
	<i>The benefit for post-treatment records includes: .....</i>	<i>\$70.00</i>
D0210	Intraoral - complete series of radiographic images	
D0470	Diagnostic casts	
D8010	Limited orthodontic treatment of the primary dentition .....	\$1,150.00
D8020	Limited orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i> .....	\$1,150.00
D8030	Limited orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i> .....	\$1,150.00
D8040	Limited orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i> .....	\$1,350.00
D8050	Interceptive orthodontic treatment of the primary dentition .....	\$1,150.00
D8060	Interceptive orthodontic treatment of the transitional dentition .....	\$1,150.00
D8070	Comprehensive orthodontic treatment of the transitional dentition - <i>child or adolescent to age 19</i> .....	\$1,900.00
D8080	Comprehensive orthodontic treatment of the adolescent dentition - <i>adolescent to age 19</i> .....	\$1,900.00
D8090	Comprehensive orthodontic treatment of the adult dentition - <i>adults, including covered dependent adult children</i> .....	\$2,100.00
D8660	Pre-orthodontic treatment examination to monitor growth and development ..	\$25.00
D8680	Orthodontic retention (removal of appliances, construction and placement of <i>removable</i> retainers) .....	\$275.00
D8681	Removable orthodontic retainer adjustment.....	No Cost
D8999	Unspecified orthodontic procedure, by report - <i>includes treatment planning session</i> .....	\$100.00

## D9000-D9999 XII. ADJUNCTIVE GENERAL SERVICES

D9110	Palliative (emergency) treatment of dental pain - minor procedure .....	\$20.00
D9211	Regional block anesthesia.....	No Cost
D9212	Trigeminal division block anesthesia .....	No Cost

D9215	Local anesthesia in conjunction with operative or surgical procedures .....	No Cost
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia .....	No Cost
D9222	Deep sedation/general anesthesia - first 15 minutes .....	\$80.00
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment ..	\$80.00
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes .....	\$80.00
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment .....	\$80.00
D9310	Consultation - diagnostic service provided by dentist or physician other than requesting dentist or physician .....	\$25.00
D9311	Consultation with medical health care professional .....	No Cost
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed .....	\$5.00
D9440	Office visit - after regularly scheduled hours .....	\$35.00
D9450	Case presentation, detailed and extensive treatment planning.....	No Cost
D9932	Cleaning and inspection of removable complete denture, maxillary .....	No Cost
D9933	Cleaning and inspection of removable complete denture, mandibular .....	No Cost
D9934	Cleaning and inspection of removable partial denture, maxillary .....	No Cost
D9935	Cleaning and inspection of removable partial denture, mandibular .....	No Cost
D9943	Occlusal guard adjustment.....	\$10.00
D9944	Occlusal guard - hard appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i> .....	\$105.00
D9945	Occlusal guard - soft appliance, full arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i> .....	\$105.00
D9946	Occlusal guard - hard appliance, partial arch - <i>limited to 1 D9944, D9945 or D9946 in 3 years</i> .....	\$105.00
D9951	Occlusal adjustment, limited .....	\$55.00
D9952	Occlusal adjustment, complete .....	\$105.00
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays - <i>limited to one bleaching tray and gel for two weeks of self-treatment</i> .....	\$125.00
D9986	Missed appointment - <i>without 24 hour notice - per 15 minutes of appointment time</i> .....	\$10.00
D9987	Canceled appointment - <i>without 24 hour notice - per 15 minutes of appointment time</i> .....	\$10.00
D9990	Certified translation or sign-language services - per visit.....	No Cost
D9991	Dental case management - addressing appointment compliance barriers....	No Cost
D9992	Dental case management - care coordination.....	No Cost
D9995	Teledentistry - synchronous; real-time encounter .....	No Cost
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review .....	No Cost

If services for a listed procedure are performed by the assigned Contract Dentist, the Enrollee pays the specified Copayment. Listed procedures which require a Dentist to provide specialized services, and are referred by the assigned Contract Dentist, must be preauthorized by the Administrator. The Enrollee pays the Copayment specified for such services.

# DeltaCare USA

## Schedule B

### Limitations of Benefits

1. The frequency of certain Benefits is limited. All frequency limitations are listed in *Schedule A, Description of Benefits and Copayments*.
2. If the Enrollee accepts a treatment plan from the Contract Dentist that includes any combination of more than six crowns, bridge pontics and/or bridge retainers, the Enrollee may be charged an additional \$100.00 above the listed Copayment for each of these services after the sixth unit has been provided.
3. General anesthesia and/or intravenous sedation/analgesia is limited to treatment by a contracted oral surgeon and in conjunction with an approved referral for the removal of one or more partial or full bony impactions, (Procedures D7230, D7240, and D7241).
4. Benefits provided by a pediatric Dentist are limited to children through age seven following an attempt by the assigned Contract Dentist to treat the child and upon Authorization by Delta Dental, less applicable Copayments. Exceptions for medical conditions, regardless of age limitation, will be considered on an individual basis.
5. The cost to an Enrollee receiving orthodontic treatment whose coverage is cancelled or terminated for any reason will be based on the Contract Orthodontist's usual fee for the treatment plan. The Contract Orthodontist will prorate the amount for the number of months remaining to complete treatment. The Enrollee makes payment directly to the Contract Orthodontist as arranged.
6. Orthodontic treatment in progress is limited to new DeltaCare USA Enrollees who, at the time of their original effective date, are in active treatment started under their previous employer sponsored dental plan, as long as they continue to be eligible under the DeltaCare USA program. Active treatment means tooth movement has begun. Enrollees are responsible for all Copayments and fees subject to the provisions of their prior dental plan. Delta Dental is financially responsible only for amounts unpaid by the prior dental plan for qualifying orthodontic cases.

### Exclusions of Benefits

1. Any procedure that is not specifically listed under *Schedule A, Description of Benefits and Copayments*.
2. Any procedure that in the professional opinion of the Contract Dentist:
  - a. has poor prognosis for a successful result and reasonable longevity based on the condition of the tooth or teeth and/or surrounding structures, **or**
  - b. is inconsistent with generally accepted standards for dentistry.
3. Services solely for cosmetic purposes, with the exception of procedure D9975 (External bleaching for home application, per arch), or for conditions that are a result of hereditary or



developmental defects, such as cleft palate, upper and lower jaw malformations, congenitally missing teeth and teeth that are discolored or lacking enamel, except for the treatment of newborn children with congenital defects or birth abnormalities.

4. Porcelain crowns, porcelain fused to metal, cast metal or resin with metal type crowns and fixed partial dentures (bridges) for children under 16 years of age.
5. Lost or stolen appliances including, but not limited to, full or partial dentures, space maintainers, crowns and fixed partial dentures (bridges).
6. Procedures, appliances or restoration if the purpose is to change vertical dimension, or to diagnose or treat abnormal conditions of the temporomandibular joint (TMJ).
7. Precious metal for removable appliances, metallic or permanent soft bases for complete dentures, porcelain denture teeth, precision abutments for removable partials or fixed partial dentures (overlays, implants, and appliances associated therewith) and personalization and characterization of complete and partial dentures.
8. Implant-supported dental appliances and attachments, implant placement, maintenance, removal and all other services associated with a dental implant.
9. Consultations for non-covered benefits.
10. Dental services received from any dental facility other than the assigned Contract Dentist, an authorized dental specialist, or a Contract Orthodontist except for *Emergency Services* as described in the Contract and/or Evidence of Coverage.
11. All related fees for admission, use, or stays in a hospital, out-patient surgery center, extended care facility, or other similar care facility.
12. Prescription drugs.
13. Dental expenses incurred in connection with any dental or orthodontic procedure started before the Enrollee's eligibility with the DeltaCare USA Program. Examples include: teeth prepared for crowns, root canals in progress, full or partial dentures for which an impression has been taken and orthodontics unless qualified for the orthodontic treatment in progress provision.
14. Lost, stolen or broken orthodontic appliances.
15. Changes in orthodontic treatment necessitated by accident of any kind.
16. Myofunctional and parafunctional appliances and/or therapies.
17. Composite or ceramic brackets, lingual adaptation of orthodontic bands and other specialized or cosmetic alternatives to standard fixed and removable orthodontic appliances.
18. Treatment or appliances that are provided by a Dentist whose practice specializes in prosthodontic services.

# PPO Plan A and B

## Limitations and Exclusions

### Excluded Benefits

The AARP Dental Insurance Plan covers a wide variety of dental care expenses, but there are some services for which we do not provide benefits. It is important for you to know what these services are before you visit your dentist.

The AARP Dental Insurance Plan does not provide benefits for:

1. Treatment of injuries or illness covered by workers' compensation or employers' liability laws; services received without cost from any federal, state, or local agency, unless the exclusion is prohibited by law.
2. Treatment or materials that are benefits to an Enrollee under Medicare unless this exclusion is prohibited by law.
3. Treatment or materials to correct congenital or developmental malformations (including treatment of enamel hypoplasia) except for newborn children eligible at birth, children placed for adoption, and adopted children so long as such eligible children continue to be enrolled. When services are not excluded under this provision, congenital defects or anomalies specifically include individuals born with cleft lip or cleft palate, and other limitations and exclusions of this section shall specifically apply.
4. Treatment that increases the vertical dimension of an occlusion, replaces tooth structure lost by attrition or erosion, or otherwise unless it is part of a treatment dentally necessary due to accident or injury.
5. Treatment or materials primarily for cosmetic purposes including but not limited to treatment of fluorosis (a type of discoloration of the teeth) and porcelain or other veneers not for restorative purposes, except as part of a treatment dentally necessary due to accident or injury. If services are not excluded as to particular teeth under this provision, cosmetic treatment of teeth adjacent or near the affected teeth are excluded. This exclusion does not apply to bleaching or laminate veneers under Plan A. See Appendices A and B for more information about services and limitations for veneers and bleaching under Plan A.
6. Treatment or materials for which the Enrollee would have no legal obligation to pay.
7. Services provided or materials furnished prior to the effective eligibility date of an Enrollee under this plan.
8. Periodontal splinting, equilibration, gnathological recordings and associated treatment, and extra-oral grafts.
9. Preventive plaque control programs, including oral hygiene instruction programs.
10. Myofunctional therapy, unless covered by the exception in Item 3, above.

11. Temporomandibular joint dysfunction, which is medical in nature, unless covered by the exception in Item 3, above.
12. Prescription drugs including topically applied medication for treatment of periodontal disease, pre-medication, analgesias, separate charges for local anesthetics, general anesthesia except as a covered benefit in conjunction with a covered Oral Surgery procedure.
13. Experimental procedures that have not been accepted under generally accepted dental practice standards.
14. Services provided or material furnished after the termination date of coverage for which premium has been paid, as applicable to individual Enrollees, except this shall not apply to services commenced while the plan was in effect or the Enrollee was eligible.
15. Charges for hospitalization or any other surgical treatment facility, including hospital visits.
16. Dental practice administrative services including but not limited to, preparation of claims, any non-treatment phase of dentistry such as provision of an antiseptic environment, sterilization of equipment or infection control, or any ancillary materials used during the routine course of providing treatment such as cotton swabs, gauze, bibs, masks, or relaxation techniques such as music.
17. Replacement of existing restorations for any purpose other than restoring active carious lesions or demonstrable breakdown of the restoration.
18. Materials and procedures for construction of bridges, partial and complete dentures, unless a covered benefit.
19. Orthodontic services, including tooth guidance appliances.

## Limitations

Benefits to Enrollees under the Plan are limited based on various factors including the frequency of services whether paid for under the provisions of this plan, under any prior dental contract and/or policy or by the Enrollee. We recommend you obtain a pre-treatment estimate prior to receiving more complicated or expensive procedures. Also, you should have your Provider verify benefit eligibility prior to receiving any treatment. Limitations are as follows:

- 1. Limitation on Optional Treatment Plan.** In all cases in which there are optional plans of treatment carrying different treatment costs, payment will be made only for the applicable percentage of the least costly course of treatment, so long as such treatment will restore the oral condition in a professionally accepted manner, with the balance of the treatment cost remaining the responsibility of the Enrollee. Such optional treatment includes, but is not limited to, specialized techniques involving gold, precision partial attachments, overlays, bridge attachments, precision dentures, personalization or characterization such as jewels or lettering, shoulders on crowns, or other means of unbundling procedures into individual components not customarily performed alone in generally accepted dental practice.
- 2. Limitation on Basic Restorative Benefits.** If a tooth can be restored with amalgam,

synthetic porcelain or plastic, but the Enrollee and the dentist select another type of restoration, the obligation of Delta Dental shall be only to pay the applicable percentage of the fee appropriate to the least costly restorative procedure. The balance of the treatment shall be considered a dental treatment excluded from coverage under this plan.

- 3. Limitation on Major Restorative Benefits.** If a tooth can be restored with amalgam, synthetic porcelain, or plastic, but the Enrollee and the dentist select another type of restoration, the obligation of Delta Dental shall be only to pay the applicable percentage of the fee appropriate to the least costly restorative procedure. The balance of the treatment shall be considered a dental treatment excluded from coverage under this plan. Replacement of crowns, jackets, inlays, and onlays shall be provided no more often than once in any five-year period and then only in the event that the existing crown, jacket, inlay, or onlay is not satisfactory and cannot be made satisfactory. The five-year period shall be measured from the date on which the restoration was last supplied, whether paid for under the provisions of this plan, under any prior dental care contract, or by the Primary Enrollee.
- 4. Limitation on Diagnostic Aids.** Full mouth X-rays (including panoramic X-rays accompanied by supplemental films, which are considered equivalent to a full-mouth X-ray) are limited to once in any five-year period. Bitewing X-rays are limited to twice in any Calendar Year period for Enrollees to age 19 and once in a Calendar Year for all other Enrollees. Periodic examinations of the full mouth are limited to three in any Calendar Year period.
- 5. Limitation on Prophylaxis, Periodontal Maintenance Cleanings, and Fluoride.** Prophylaxes, periodontal maintenance cleanings, and fluoride application may be performed either together or separately. You may have any combination of prophylaxes and/or periodontal maintenance cleanings (if Enrollee has a previous history of periodontal therapy) for a total of three in any Calendar Year. Fluoride applications as a benefit are limited to twice in any Calendar Year period up to age 19. **Note:** Periodontal maintenance cleanings are covered at a different percentage.
- 6. Limitation on Sealants.** Application of sealants as a benefit is limited to Enrollees up to age 14 through the completion of the procedure or the date eligibility terminates, whichever occurs first. Treatment with sealants as a covered service is limited to applications to eight posterior teeth. Applications to deciduous teeth or teeth with caries are not covered services. Sealants will be replaced only after three years have elapsed following any prior provision of such materials. Single-surface occlusal restorations of a tooth to which a sealant has been applied within 12 months, and two or three surface restorations within six months, which include occlusal surfaces on which sealants have been placed are not covered services. If a single-surface occlusal restoration is performed on a tooth from twelve to 36 months after a sealant has been applied to that tooth, the obligation of Delta Dental shall be only to pay the fee appropriate to the restoration in excess of the fee paid for the application of the sealant.
- 7. Limitation on Prosthodontic Benefits.** Replacement of an existing denture and/or implant will be made only if it is unsatisfactory and cannot be made satisfactory. Services, including denture repair and relining, which are necessary to make such appliances fit, will be provided as outlined in the section "Covered Benefits." Prosthodontic appliances, implants,

and/or abutment crowns will be replaced only after five years have elapsed following any prior provision of such appliance, implant, and abutment crown under any plan procedure.

Diagnostic and treatment facilitating aids for implants are considered a part of, and included in, the fees for the definitive treatment. Delta Dental's payment for implant removal is limited to one (1) for each implant during the Enrollee's lifetime whether provided under Delta Dental or any other dental care plan.

The initial installation of a prosthodontic appliance and/or implant is not a Benefit unless the prosthodontic appliance, implant, bridge, or denture is made necessary by natural, permanent teeth extraction.

- 8. Limitation on Periodontal Surgery.** Benefits for periodontal surgery in the same quadrant are limited to once in any five-year period. The five-year period shall be measured from the date on which the last periodontal surgery was performed in that quadrant, whether paid for under the provisions of this plan, under any prior dental contract, or by the Primary Enrollee.
- 9. Periodontal services,** including bone replacement grafts, guided tissue regeneration, graft procedures, and biological materials to aid in soft and osseous tissue regeneration are only covered for the treatment of natural teeth and are not covered when submitted in conjunction with extractions, periradicular surgery, ridge augmentation, or implants.
- 10. Limitation on Temporomandibular Joint Dysfunction (TMJD).** Benefits for Temporomandibular Joint Dysfunction are limited to services relating to the hinging joints of the jaw including diagnostic tests, splinting and other treatments as have demonstrably satisfactory prognosis. Benefits for TMJD include temporomandibular joint arthrograms (including injection), occlusal guards (by report), occlusal analysis (mounted case), and occlusal adjustments (complete). Other procedures are considered medical in nature and are excluded benefits.
- 11. Limitation on Bleaching.** These services are limited to Enrollees age 16 or older and to once in a 24-month period. Bleaching services are not a Benefit of Plan B.
- 12. Limitation on Laminate Veneers.** These services are limited to Enrollees age 16 or older and to once in a 60-month period. Laminate Veneers are not a Benefit of Plan B.

Start protecting your smile in three easy steps:

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- 2** Review your dentist options.
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